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THERAPEUTICS



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AN EPITOME
OF
THERAPEUTICS

BEING

A COMPREHENSIVE SUMMARY OF THE TREATMENT
OF DISEASE AS RECOMMENDED BY THE
LEADING BRITISH, AMERICAN, AND
CONTINENTAL PHYSICIANS

BY

W. DOMETT STONE, M.D., F.R.C.S.

Honorary Member of the College of Physicians of Sweden

Physician to the Westminster General Dispensary

Editor of the 'Half-yearly Abstract of the Medical Sciences'

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PREFACE.

IN placing this Epitome of Therapeutics before the profession, the author claims to himself no further merit than that of judicious selection. His object has been to set forth, in as concise a form as possible—compatible with a due regard to distinctness—the opinions of the leading British, American, and Continental physicians on the treatment of the various diseases incidental to the human frame. The utility of such a work must be evident to every practitioner, more especially to those who are engaged in country practice, and who from their position are prevented from consulting with others; whilst, to the medical officers of the Royal and Mercantile Navies, the volume is likely to prove of yet greater benefit; for in it they will find, in a small compass, arranged alphabetically, the tenets of the best authorities, which may be the means of giving them confidence if in unison with their own mode of treatment, or direct their efforts, should they deem it necessary, to alter the plan they have originally adopted.

Practitioners who have found any special modes of treatment more effectual than those here indicated are invited to communicate with the author, in order that they may be made available for any future edition.

W. DOMETT STONE.

19 OXFORD TERRACE,
HYDE PARK, LONDON, W.
March 1874.

EPITOME

OF

THERAPEUTICS.

Acne.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends nutritious and generous diet, air, exercise, amusement, tonics, the mineral acids and chalybeates, and his well-known ferro-arsenical mixture where there is debility of nutritive power rather than faulty assimilation. Locally, the hypochloride of sulphur ointment should be rubbed into the eruption at bed-time, and washed off in the morning with soap and cold water.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1872) orders entire absence from alcohol if the disease is the result of intemperance. When the menstrual function is disordered he prescribes the usual remedies, such as iron, aloes, &c. When dyspepsia is the exciting cause, subnitrate of bismuth with bicarbonate of soda, or ʒj doses of liquor bismuthi et ammoniæ citratis, or liquor potassæ and infusum cinchonæ. Locally the indolent acne pimples should be lightly touched with a fine glass brush, dipped in the acid nitrate of mercury, and each spot dried with blotting-paper. At the same time a sulphur ointment should be rubbed in every night, and washed off in the morning, and a warm lotion containing a small quantity of perchloride of mercury should be applied with a sponge once or twice a day, and

allowed to dry on. Starch-powder may from time to time be dusted over the face.

Dr. H. S. PURDON (*Dublin Journal of Medical Science*, Oct. 1872) says that for hypertrophic acne nothing excels Mr. Wilson's hypochloride of sulphur ointment.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) recommends unstimulating diet, and if the patient be dyspeptic, the avoidance of sugar, pastry, seasoned dishes, beer, spirits, sherry, and port wine. He begins by prescribing an alterative pill, and a mixture of soda, calumba, ammonia, and prussic acid, a dose of which is to be given an hour or so before each meal, to be followed by Vals water, and oftentimes an arsenic pill or cod-liver oil or iron. Locally he interdicts the use of all soap in the early stages, directs the face to be bathed with hot water night and morning, and a lotion containing oxide of zinc \mathfrak{z} ij, bichloride of mercury one grain, calamine powder \mathfrak{z} ss, glycerine \mathfrak{z} ij, rose water \mathfrak{z} viiij, to be well shaken up and applied with a sponge and allowed to dry on, the superabundant powder being wiped or brushed off with a soft handkerchief. If the disease becomes indolent, a little weak sulphur ointment may be used. In acne indurata fomentation with very hot water night and morning is always advisable, and the indolent and indurate spots may be touched with the acid nitrate of mercury every few days, whilst a weak ointment of iodide of sulphur or sulphate of zinc may be used in the interim. In acne rosacea Dr. Fox invariably employs soothing remedies in the early stage. It is of the utmost importance to attend to the state of the uterine functions, and also that of the stomach.

Dr. BULKELEY (*New York Medical Record*, January 15, 1873) relies most on constitutional remedies, together with attention to diet and exercise. When purgative medicine is required most success is derived from the employment of minute doses of aloes, combined with iron,

given repeatedly after meals, and gradually diminished as the required effect is produced. He also prescribes a pill containing blue mass and compound extract of colocynth, of each two and a half grains, and one quarter of a grain of ipecacuanha, giving two such on alternate nights for a while, and following them by Kissingen water. The dyspepsia which is so often present is usually of the acid variety, and much benefited by restriction in the use of starchy and saccharine substances, and of ale, beer, and wine, as also chocolate, fried substances, pastry, and coffee and tea in excess. When a stimulant is required, whisky or brandy should be preferred to ales and wine. Exercise in the open air is of very great importance. Arsenic is injurious in the early stages, but serviceable when the eruption is drier and less inflamed. Acetate of potass is serviceable in many cases in doses of from fifteen to thirty grains, given in a considerable quantity of water between meals. Dilute nitric and phosphoric acids, with vegetable bitters, have also yielded good results; as also Kissingen water in pint doses before breakfast, the beneficial effects depending not upon its purgative principles, but upon its alkaline properties. Cod-liver oil, with iodide of iron, is useful in scrofulous subjects, and a mild mercurial course when there is suspicion of syphilis. Local means will hasten the cure, and the best of them is a lotion composed of sulphuret of potash and sulphate of zinc, of each a drachm to four ounces of rose water. One drachm of iodide of lead to one ounce of stramonium ointment has been of use in reducing thickening in indurated acne; and citrine ointment, diluted three times, has been of service in acne rosacea. Juniper and tar-soap is of value when there is not much inflammation.

Dr. WEISSE (*New York Medical Record*, January 15, 1873), after the correction of the constipation and dyspepsia attendant upon the disease, gives a decided preference to local treatment. After a thorough trial of the

internal use of arsenic, he is convinced of its inefficiency. Iron, and particularly the iodide, he has found useful in scrofulo-anæmic patients. He is able to testify to the success of Gubler's treatment by glycerine, and he has found with him that the subjects of this disease usually exclude fats of all kinds from their food. He therefore gives from half a pint to a pint of cream daily, and also almond and olive-oil ; and he explains the successful use of cod-liver oil by the same theory. In topical treatment he regards as the first essential the careful emptying of the follicles of their contents, which may be done by a fine needle and well-directed pinching of the orifices. Next inflammation should be allayed by warm water rendered milky by kneading a bag of bran in it, and used as a douche for ten or fifteen minutes two or three times a day. Chronic popular and tubercular lesions require nitrate of silver or more powerful escharotics. For the last two years Dr. Weisse has used with advantage an ointment composed of suet carefully worked up and scented, and a powder of equal parts of sub nitrate of bismuth and prepared chalk. Before going to bed the patient uses the hot bran douche, and, after carefully drying, the suet is gently applied to the face and left on. In the morning the face is not to be washed, and is to be fresh powdered with the powder by means of a puff. In ten or fifteen minutes this is to be brushed off with a very soft brush, and carries the ointment with it. The redness and burning in acne rosacea are effectually allayed by an ointment consisting of sulphur ʒss, pulv. camphoræ gr.v, adipis ʒj, applied two or three times a day.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, M.D., pp. 1043, London, 1873) improves the general health ; treats symptoms as they occur ; locally evacuates the follicles by friction, pressure, or stimulating applications, and uses sulphur ointment, soft soap, or a weak solution of perchloride of mercury.

Dr. TAYLOR (*New York Medical Record*, January 15, 1873) has seen marked advantage from the application of caustic potash solution (twenty to forty grains to an ounce), which is freely applied to the spots and allowed to dry, being afterwards washed off with very hot water. This is done at night, and the next day the face is smeared with cold cream.

Dr. CARO (*New York Medical Record*, January 15, 1873) states that he had been led by accident to discover that, while not neglecting internal remedies, obstinate cases of acne may be effectually treated by solar heat. He concentrates the sun's rays upon the part by means of a lens until the whole periphery is well burned. In a short time the skin becomes intensely red, and small vesicles full of serum begin to appear. These discharge during three or four days, when the healing commences, leading to the final cure. Cloths wrung out in cold water soothe the pain caused by the heat and promote free secretion.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends local and general measures combined. Diet should be restricted; wine, spirits, and coffee are to be refrained from. Milk is to be used as a drink and as an article of diet, combined with light food, fresh vegetables, and succulent ripe fruits. Emollient applications, such as an emulsion of bitter almonds, a decoction of bran or quince-seeds, and tepid milk, are useful. Dr. Anderson has found one or other of the two following lotions particularly serviceable:—
 ℞ sulphur ʒj, spt. rect. ʒj; misce; to be shaken before using it. ℞ hyd. corrosiv. sublim. gr. ix-xij, ammon. hydroch. ʒss, cochinillini gr. j, aq. rosæ ʒvj; misce. In that form of acne common to young women at the commencement of their menstrual period Dr. Ringer recommends the following solution, applied twice or thrice daily:—℞ sulphur ʒj, glycerine f. ʒj, aq. f. ʒx; ft. lotio.

Whichever of these lotions is used, it should be applied by dipping a piece of flannel into the lotion and rubbing very firmly over the eruption night and morning. To prevent resolution of the induration, iodide of sulphur, in the proportion of fifteen or twenty-four grains to an ounce of lard, is of great service in dispelling the tumours. Drastic purgation ought to be avoided. Simple baths are of service.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) regards acne as quite independent of 'impurity of the blood.' Great benefit, he says, is often obtained by washing the nodules in solutions of caustic potash or of corrosive sublimate, or with tincture of benzoin. The preparations of sulphur, he adds, are still more preferable. Where matter has formed, it is to be evacuated by cautious punctures. If the inflammation be very intense, the best application is a warm poultice.

Mr. NAYLER (*Diseases of the Skin*, pp. 292, London, 1867) says the diet should be strict, and beer, or acid fruits, or salads, especially avoided. If the long-accustomed stimulus of alcohol has been suddenly withdrawn, it will be in general advisable to return to it in moderate quantity. The internal use of steel, and the addition of a purgative, will commonly fulfil the requirements demanded by general treatment. Locally a lotion containing from two to four grains of the bichloride of mercury, half an ounce of rectified spirit, and seven ounces of rose water will prove useful. Sulphur is also very serviceable; as a lotion it should be largely diluted. Sometimes, in place of sulphur, the following answers extremely well:—A drachm of the trisnitrate of bismuth, five grains of the bichloride of mercury, a drachm of spirit of camphor, and eight ounces of water. Any small pimples on the verge of suppuration should be opened with the point of the lancet and touched with the acid nitrate of

mercury. Before using any of the above applications the skin should be well cleansed with water as hot as can be borne.

Addison's Disease.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends tonic treatment and nutritive diet, the avoidance of all causes of depression, and the benefit of rest in bed, and of such medicinal agents as may relieve the vomiting. The greatest caution is necessary in using purgative remedies, as fatal collapse is apt to follow cathartic medicine.

Dr. HEADLAM GREENHOW (*Lectures on Addison's Disease*, London, 1866) asserts decided advantage to have followed the use of a combination of glycerine, in two-drachm doses, with fifteen or twenty minims each of spirit of chloroform and tincture of sesquichloride of iron.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that in one of his cases it was very evident that good nourishment and careful nursing were not without a beneficial effect upon the course of the disorder.

Albuminuria.—Syn. *Bright's Disease. Acute Desquamative Nephritis. Acute Renal Dropsy.* See also *Nephritis, Acute Desquamative.*

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) relieves the kidneys as much as possible from the labour of elimination by avoiding exposure to cold, and by keeping the patient at rest in bed in a room of moderate uniform temperature. The food should be scanty, consisting of gruel, arrowroot, milk, or weak broth; pure water is the best drink, and alcoholic fluids are not to be taken on any account. The hot-air bath; antimonial wine in doses of from fifteen to thirty drops every four or five hours; compound jalap powder, twenty to sixty grains repeated daily or on alternate days, alternated with podophyllin or with extract of colocyynth; cupping over the loins, eight or ten ounces of

blood from an adult, or two or three ounces from a child three or four years old. When the tongue becomes clean and the general symptoms improve, mutton broth or beef-tea may be given; and as the digestion improves, solid food in small quantities, fish and fowl, and afterwards mutton and beef. Flannel must be worn next the skin. Phosphate of iron, or citrate of iron and quinia, or the ferrum reductum (during convalescence), in small doses after every meal.

Dr. W. H. DICKINSON (*Brit. and Foreign Med. Chir. Review*) gives copious draughts of water to his patients, and repeated doses of digitalis (inf. digit. f. ʒj to f. ʒiv ter die), the real object being to increase the secretion of water at the kidney itself, and thus flush out the choked-up tubules. In the majority of cases thus treated the urine will increase, the dropsy diminish, and the patients pass into convalescence without the occurrence of the various secondary evils which tend to swell the mortality of the disease. Iron, especially the perchloride, is highly spoken of in the after treatment.

Dr. BASHAM (*Renal Diseases*, pp. 244, London, 1870), if the temperature of the body is above the natural standard, gives simple diaphoretic medicines, such as the ammonia salts in a state of effervescence, with brisk purging; the warm or hot-air bath, and, in some cases, dry-cupping across the loins. So soon as the feverish heat abates, while the purgative effects of such combinations as the compound jalap powder of the Pharmacopœia may from time to time be needed, the patient should be placed on some ferruginous tonic, with such an improved scale of diet as the digestive organs can bear. Stimulants may be given; indeed, in some cases are absolutely needed; but they should be taken with food, or immediately after.

M. BAUDON (*Bull. Gén. de Thérap.* Nov. 1868) places on record a number of cases of albuminuria in which the

potassium salt failed, and the calcium salt gave good results.

Alopecia.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends washing of the head every morning with cold water, drying it by friction with a rough towel, brushing it with a hard hair-brush until redness is produced, and then applying the following stimulating application, rubbed briskly into the scalp for five minutes:—℞ pulv. cantharidis ʒvj, adipis præparati ʒiij. Macera, cum leni calore, per horas viginti quatuor, et per chartam bibulam, cola. From two to four drachms of this, combined with an ounce and a half of sweet-scented pomatum, form the proper compound. Juniper-tar, petroleum, sulphur, and especially carbolic acid soaps, are also recommended. Attention must at the same time be paid to the secretive and digestive functions, and afterwards, if necessary, prescribe a ferro-arsenical mixture internally.

Dr. H. S. PURDON (*Dublin Journal of Medical Science*, October 1872) prescribes constant blistering with the linimentum cantharidis and attention to the general health.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) gives steel in conjunction with iodine, and in protracted cases arsenic. The local treatment consists in the application of stimulants to the affected surface. If the denuded part be small it should be painted once a fortnight with blistering fluid, and in the interval an ointment consisting of half a drachm of sublimed sulphur, ten grains each of the white precipitate of mercury and the sulphuret of mercury with sulphur, mixed with an ounce of cerate and five minims of German creosote, should be applied. Sometimes, in lieu of this, the compound mercurial ointment is used, which contains an ounce of lard, five grains of the white and five grains of the red

precipitate of mercury; and to this is frequently added four or five minims of croton oil.

Dr. M'CALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) attends to the general health. Much benefit, he says, often ensues from a long course of Fowler's solution, alone or in combination with steel; or of pix liquida, which has a special action upon the skin, and which may be given to an adult in capsules in doses of five drops, gradually increased to fifteen or more, three times a day. Locally washing the head thoroughly with black soap or cade soap and water night and morning, and afterwards drying it with a rough towel and brushing it with a hard brush, so as to stimulate the skin without producing actual pain. The unguentum cantharidis is the best ointment to apply, either alone or in combination with the ungt. hydrarg. rubri, the hydrarg. nit. hydrarg. ammoniati; sulphuris iodi; or the sulphuris hypochloridi.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) treats the patients on general principles; iron and nux vomica are useful in nervous cases. Locally, repeated blistering and stimulating washes. If there be œdema or any tension, though the follicles are distinct, tincture of iodine applied over diseased parts every two or three days is of service. Shaving the downy-haired scalp once a fortnight is also beneficial. In cases of general thinning, frequent ablution, the use of glycerine or olive oil and lime water, warm vapour baths, gentle friction, and galvanism. When the system is under the influence of tonics, tincture of nux vomica Dr. Fox has found a most efficient local remedy, in combination with distilled vinegar and tincture of cantharides.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) improves the state of the blood; and, if the patient be scrofulous or syphilitic, prescribes cod-liver oil and

symp of the iodide of iron. The hair should next be cut close, and a stimulating ointment used: one composed of balsam of Peru (ʒij), lard (ʒij), white wax (gr.cxx), rosemary (30m.) In very severe cases the head should be shaved and a poultice with a little mustard kept on at night, while a wig is worn in the day-time.

Aneurism.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) advises local bleeding when there is pain and tenderness over the aneurismal sac, and general blood-letting if the circulation is excited and the patient of full habit. Digitalis, aconite, and veratrin are most useful in tranquillising the action of the heart.

Dr. WILLIAM MURRAY (*Cure of Aneurism by Pressure*, London, 1871) recommends the ‘rapid pressure treatment,’ the patient being completely under the influence of chloroform at the time, so that he may suffer the application of a powerful pressing instrument on sensitive parts, and so as to restrain all muscular movement.

Dr. G. W. BALFOUR (*Edinburgh Medical Journal*, July 1868) states that in twelve cases of aneurism of the aorta treated by iodide of potassium, in doses of from ten to thirty grains three times a day, there was undoubted diminution in the size of the sac. In a few cases similarly treated there was so complete a subsidence of the tumour and improvement in all the symptoms as to amount to an apparently perfect cure.

Dr. WALSH (*Diseases of the Heart and Great Vessels*, 4th edit. pp. 582, London, 1873) says, in speaking of iodide of potassium, although it be perfectly true that there seems to be what may be termed an *aneurismal power of toleration* of the drug, still he has known the testes waste under its free use in aneurismal sufferers. Under the circumstances, he adds, the *loss* may, perhaps, be considered a *gain*.

Dr. ROBERTS (*British Medical Journal*, January

1863) reports twelve cases treated by iodide of potassium. In all, save one, striking relief of suffering followed the use of the drug; in eight undoubted diminution in the size of the sac took place, and in a few complete subsidence of the swelling.

Angina Pectoris.—Dr. WALSHE (*Diseases of the Heart and Great Vessels*, 4th edit. pp. 582, London, 1873) during the fit trusts to sedatives and stimulant antispasmodics. From forty to sixty or eighty drops of liq. opii sed. may in a severe case be given along with brandy, or from half a drachm to a drachm of ether or aromatic spirits of ammonia, and repeated according to the urgency of the suffering. Mustard-poultices may at the same time be applied to the head and to the dorsal spine, or cloths wetted with the strong liquor of ammonia laid upon the præcordial surface. Mustard pediluvium, especially if the patient be gouty, is useful. Chloroform, ether, large doses of chloral, and nitrite of amyl, cannot be employed without a certain amount of risk. In a serious case of quickly recurring paroxysms an electro-galvanic current deserves trial. If flatulence and acidity exist, soda, cajuput oil, and sesquicarbonate of ammonia may be administered with the opiate medicine. If a large undigested meal lie in the stomach, it should at once be removed by an emetic of sulphate of zinc. A paroxysm may be averted completely by an opiate, and sufferers should always carry (properly protected) on their persons an antispasmodic and sedative draught. One of the best safeguards against seizure consists in the idea that the means of averting evil consequences, if they occur, are within reach. In the rare instances where an *aura* from the left forearm ushers in the fit, this might possibly be prevented by a ligature applied above the elbow. Persons who have had one attack of angina must live according to the most stringent rules; every conceivable precaution must be taken to keep the heart in a tranquil state. A belladonna

plaster worn over the heart, and an issue, seton, or perpetual blister to the arm, have appeared useful in some cases. Change of scene and travel, coupled with the use of tonics, will render the patient less prone to seizures. Arsenic, nitrate of silver, and sulphate of zinc, are the best of the class of mineral tonics; if anæmia be present, iron is the remedy. The removal of gout, chronic rheumatism, or old-standing skin diseases should be very cautiously (if at all) attempted in the subject of angina. In a case having all the attributes of true angina the attacks ceased under the influence of small doses of chloral (ten grains) twice daily. If angina of malarious origin and periodical recurrence really exist, its treatment should be that of miasmatic diseases generally.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) has found a mixture of sp. æth. co., liq. opii. sed. mist. camph. exceedingly valuable. The patient should keep the medicine by him, in order that it may be taken on the least threatening of an attack. A belladonna plaster worn constantly over the præcordial region may do good. The return of the seizure is to be guarded against by improving the general health, by great attention to diet, and by the avoidance of stimulants, strong exercise, and all mental excitement.

Dr. HERRIES MADDEN (*Practitioner*, December 1872), having recently experienced in his own person the remarkably beneficial action of the nitrite of amyl in cutting short attacks of angina pectoris, records what he felt. After a sharp attack he at once inhaled five drops, and the effect, he says, was truly wonderful. The spasm was, as it were, strangled at its birth. It certainly did not last two minutes, instead of twenty, as formerly. And so it continued. The frequency of the paroxysms was not diminished for some time; but then they were mere bagatelles as compared with their predecessors, and consequently the drain upon the vital energies was greatly

reduced. Under these improved circumstances strength gradually returned; the attacks became less and less frequent, and finally ceased. Dr. Madden does not profess to give a full scientific description of the phenomena presented by the nitrite of amyl in action. The first effect was often bronchial irritation causing cough; then quickened circulation; then a sense of great fulness in the temples and burning of the ears; then a violent commotion in the chest, tumultuous action of the heart, and quick respiration. The angina pain then died out, first in the chest; next in the left upper arm, and last of all in the wrist, where it was usually extremely severe. There was not at any time the slightest confusion of thought, or disturbance of vision, but occasionally slight and transient headache. As regards physical signs, the rasping sound was soon modified; but a loud blowing systolic murmur—heard at the base of the heart, along the aorta and in the subclavians, especially the right—continued throughout the illness. One curious feeling which Dr. Madden commonly had was that the front of the chest seemed to be bulged out in a convex prominence, which suddenly terminated at the lower end of the sternum in a sharp and deep depression towards the spine. This was a purely subjective phenomenon. There was no contraction of the diaphragm, and no retraction of the abdominal walls. In *slight* commencing attacks, merely smelling the cotton-wool on which a previous dose had been poured was sufficient to relieve the pain. It acted like a gentle anæsthetic without any quickening of the circulation. But in a *severe* attack the full action of the drug, with its concomitant vascular commotion, was quite essential. The pain never began to yield until the heart was violently affected.

Dr. STILLÉ (*Therapeutics and Materia Medica*, 2 vols. Philadelphia, 1868) recommends electro-magnetism when independent of cardiac disease.

Dr. HARTSHORNE (*Essentials of Practical Medicine*,

3rd edit. pp. 487, Philadelphia, 1871) says that stimulants and anodynes are indicated during the attack; mustard plasters over the chest and between the shoulders, and the warm foot-bath. Where gout is present colchicum and alkalies are important. Arsenic is said (Philipp) to have done good in the interval, and inhalation of nitrite of amyl (Thompson) during the paroxysm.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes diffusible stimulants, such as brandy, ether, chloroform, ammonia, chlorodyne, alcohol, hot bottles and sinapisms to the feet. The bowels may require to be rapidly and efficiently acted upon.

Aortic Pulsation.—Dr. WALSHE (*Diseases of the Heart and Great Vessels*, 4th edit. pp. 582, London, 1873) forbids all suspected articles of food, strong tea and coffee, and similar stimulants, and recommends a plain, nutritious diet, with but little vegetable or other substances that promote flatulence. An occasional warm aperient, with some carminative adjunct, is advisable. Valerian, ether, ammonia, assafoetida, and musk, afford relief to the symptom, though they fail to reach its cause. Lettuce, conium, hyoscyamus, aconite, veratrum viride, hydrocyanic acid, digitalis, chloral, bromide of potassium or of ammonium, are serviceable. Four or five leeches to the epigastrium sometimes directly tranquillises the pulsating vessel; dry-cupping is sometimes beneficial; anodyne embrocations, belladonna plaster, and the endermic use of morphia on the scrobiculus cordis, moderate the arterial action. All hygienic influences that strengthen the nervous system and improve the health generally are among the most effectual agents in the management of obstinate cases.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) directs the treatment to the removal of the cause. Ice to the abdomen, and the administration of morphia, will sometimes control it.

Aphonia.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends tonic regimen—air, exercise, and diet. The shower-bath is often of service. In some cases blisters, mustard-poultices, or camphor liniment, will remove it.

Dr. MORELL MACKENZIE (*The Practitioner*, vol. ii.) points out that a shrill cough or the slightest dyspnoea should forbid the use of electricity for aphonia.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) has known vesication of the back of the neck to be useful.

Dr. T. H. TANNER (*Medical Press and Circular*, December 29, 1869) says that he never fails to cure *hysterical* aphonia by means of electro-magnetism. He places the patient in a chair, gives her one handle of the instrument moistened into her hand, and with the other touches the tongue. The patient then screams out violently, and thus convinces herself and friends that she has *not* lost her voice.

Dr. J. S. COHEN (*New York Medical Record*, June 5, 1866) has reported a case of nervous aphonia in which direct stimulation of the vocal chords by an application of the tincture of iodine, followed by systematic voluntary efforts of speech, proved rapidly successful.

Aphthæ.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says the mouth should be frequently washed with emollient fluids, such as linseed infusion, diluted glycerine, and biborate of soda, or honey mixed with biborate of soda. In severe cases chlorate of potash must be given internally.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) prescribes chlorate of potash (gr. iv–vj at a dose); that failing, he paints the aphthæ with dilute muriatic acid or with nitrate of silver.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) recommends chlorate

of potash, five to twenty grains four times daily. Locally, at first flaxseed-tea or gum-water, or a solution of glycerine in rose-arabic. When ulceration occurs, a powder, consisting of equal parts of prepared chalk and pulverised gum-arabic, may be dusted or laid over each of the ulcers several times a day. If the ulcers prove severe or obstinate, strong solutions of sulphate of zinc (gr.xv in $\bar{3}j$ of water) or nitrate of silver (gr.xx in $\bar{3}j$), or solid sulphate of copper, may be used to touch the ulcerated surface every day or two.

Dr. EUSTACE SMITH (*Wasting Diseases of Children*, 2nd edit. pp. 340, London, 1873) recommends that attention be paid to cleanliness. A powder of rhubarb and jalap, with a grain of hydrargyrum cum cretâ, should be given to evacuate the bowels; after which the following mixture: R potass. chlor. $\bar{9}ij$; syrup. simpl. $\bar{3}ss$; aquæ ad $\bar{3}iij$. M. $\bar{3}ij$ quartâ quâque horâ. In acute indigestion with hot skin, furred tongue, thirst, vomiting and diarrhœa, accompanied by griping pain, all food must be stopped, and nothing allowed but cold barley-water. The stomach should be relieved by an emetic of ipecacuanha, after the action of which a purgative of rhubarb and magnesia should be given to clear out irritating matters from the bowels. A mixture of chalk and catechu, with aromatic confection, can then be given, or the following: Bismuth. nit. $\bar{3}j$; pulv. cret. aromat. $\bar{3}j$; syrupi $\bar{3}ss$; mucilag. tragacanth. $\bar{3}ss$; aquæ ad $\bar{3}iij$. M. $\bar{3}ij$ ter die. If the diarrhœa continue after the tongue has become clean, half a drop of laudanum can be added to each dose of either of these mixtures, or small doses of sulphuric acid may be given with opium. When the irritability of the stomach has subsided, milk and lime-water may be given, but with caution, lest the vomiting return.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871), for the local affection of the tongue and mouth, says *glycerinum*

boracis is a capital application, painted on the aphthous parts with a camel-hair brush. For aphthæ occurring in adults, bark, wine, and nourishing food must be given.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes alteratives and tonics, and the application of the mel boracis to the aphthous parts.

Dr. SYMONDS (*British Medical Journal*, March 13, 1868) recommends equal parts of turpentine and glycerine applied with a soft brush two or three times a day. Follicular ulcers on the inside of the lips and cheeks and tip of the tongue, he treats by sulphate of copper applied once or twice a day.

Apoplexy.—Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) divides the treatment into that which is prophylactic, and that which is required when an attack has occurred. *Prophylaxis*: when a predisposition to apoplexy is suspected, the individual should avoid strong bodily exertion, venereal excitement, the stimulus and irritation of drunkenness, violent mental emotion, straining at stool, long-continued stooping, tight neck-cloths, too much indulgence in sleep, and warm baths. He should observe a cool spare diet, free from alcoholic drinks, regular exercise, and must pay great attention to his bowels. Washing the head daily with cold water, or establishing a drain near the head by means of an issue or seton in the neck, will perhaps do good. When giddiness, headache, throbbing of the arteries of the head and epistaxis are present, much benefit will result from active purging, and from blistering the nape of the neck. *When an attack has occurred*, the author believes that depletion, so far from doing good, promotes further extravasation by inducing greater thinness of the blood, and by diminishing its power of coagulating. If the tendency be towards death by coma; if the pulse be full, or hard, or thrilling; if the vessels of the neck are congested; and if the face be flushed and tinged, then blood-letting may be called for.

If, on the contrary, the patient is dying from syncope, with a feeble or almost imperceptible pulse, and a cold clammy skin, then bleeding will only ensure a speedily fatal termination. In either case the patient should be removed into a cool, well-ventilated room; his head should be raised, all the tight parts of his dress loosened, especially his cravat and shirt-collar; and cold applied to the head by means of pounded ice in a bladder. Active purgatives do good in most cases. If the patient can swallow, a full dose of calomel and jalap, followed by the common black draught, may be given. If the power of deglutition be lost, three or four drops of croton-oil should be put on the back part of the tongue. Stimulating enemata should also be thrown up the rectum. Blisters are often subsequently of use, applied over the scalp or to the neck.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) knows of no rule so likely to guide us aright as that laid down generally by Cullen, of *obviating the tendency to death*. If it be, as it mostly is, to death by *coma*, then blood-letting and the evacuating plan will generally be requisite. If by *syncope*, recourse must be had to stimulating and restorative measures.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) recommends blood-letting if we find the head hot, face tinged and flushed, the arteries of the neck and temples full, the pulse strong, the heart's impulse strong also, and the patient under fifty, and not before of broken constitution. Older or more doubtful cases may be treated tentatively, with cups, aided by mustard-plasters to the legs, back, and epigastrium in turn, with laxative injections into the rectum during the attacks, and saline purgatives afterwards. The head should be kept raised, and cooled with wet cloths until its temperature becomes normal. Where a moderately plethoric condition is present, blood-letting is to be

avoided; purgatives in such cases are safe, and likely to be useful.

Dr. DALE (*Compendium of Practical Medicine*, pp. 475, London, 1868) bleeds where signs of general plethora and congestion of the head are evident. Then advises cold, by means of wet rags, to the head, free purging, stimulating clysters (as of turpentine) and sinapisms to the calves of legs and soles of feet. In elderly and spare people, with slow and feeble pulse, dilated pupils, pale and cold surface, with or without paralysis, probably stimulants will be required from the commencement, and no depleting measures are admissible. The after treatment in convalescence is important. The head must still be elevated, and cold applied if it is well borne; small doses of calomel given twice or thrice daily, and the powers of life well sustained to recover from the severe shock.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says the patient, if seen during the fit, may be bled if the tendency to death is by *coma*, and if the pulse be full, or hard, or thrilling; if the vessels of the neck be congested, the heat of the scalp increased, and if the face be full and tinged. If the heart's action be vigorous, its sounds normal, and the heat of the skin preserved, blood-letting is still more required. Slow and deep respiratory movements, with stertor, add greatly to the necessity of immediate venesection. Large bleedings are to be avoided. Ten ounces will generally be sufficient. If the pulse be small and slow, feeble or almost imperceptible, the skin cold and clammy, with a tendency to death by syncope, blood-letting is contra-indicated; also if there be anæmia, aortic valvular disease, or in cases commencing with syncope. If the bleeding is not followed by some degree of consciousness, the patient in all probability will not recover. In such cases cold cloths, or ice in bladders, may be applied to the head, leeches to the temples, and mustard cataplasms to the feet; a drop

or two of croton-oil may be placed on the tongue, and a cathartic enema of castor-oil or other purgative administered. After the patient has in some degree revived, if there be pain in the head, ten to twelve leeches should be applied from time to time, till that symptom is entirely relieved; or if the pulse be full and strong, and the patient free from headache, leeches should be applied to subdue that reaction which so generally takes place from the fourth to the seventh day. Active purgatives generally do good. Five grains of calomel, with a drachm of compound jalap powder, given as soon as the patient can swallow, and followed up by black draughts, or by an ounce of sulphate of magnesia with camphor mixture every four or six hours, are the best means for preventing a relapse. The diet of the patient should be low—milk, boiled vegetables, light puddings, and fish—till all apprehension of a relapse is past. At no subsequent period ought he to indulge in a full animal diet, or to drink undiluted wines; at the same time, too lowering a regimen is to be avoided.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1872) says, if the impulse of the heart be strong and its sounds loud, if the pulse be regular, and no signs of commencing oedema of the lungs exist, we should bleed without delay. If, on the contrary, the heart's impulse is weak, the pulse irregular, and rattling in the trachea has already begun, we must strive with all our skill, by the use of stimulants, to prevent paralysis of the heart. If we cannot give wine, ether, musk, &c., internally, we should apply large sinapisms to the chest and calves of the legs, rub the skin vigorously, sprinkle the breast with cold water, or drop melted sealing-wax on it. If the patient has recovered consciousness after the fit, we simply prescribe a mild un-irritating diet, keep the bowels open, and cover the shaved head with cold compresses, so as to prevent, if possible, too severe inflammatory reaction. When the fever symp-

toms have moderated, good is done by derivatives—blisters—to the nape of the neck. If the stage of inflammatory reaction has passed, and the patient is pretty well, except the paralysis, we should avoid prescribing strychnia and other remedies, but should regulate the diet and bowels, and place the patient under the best possible hygienic influences.

Arteritis.—Most authorities recommend the application of leeches over the course of the vessel; large doses of opium, or ether with chloroform, to relieve pain, and dyspnœa. Iodide of potassium or colchicum may also be indicated.

Dr. G. B. Wood (*Treatise on the Practice of Medicine*, 2 vols. 6th edit. Philadelphia, 1866) recommends general and local bleeding, followed by fomentations or cataplasms, and ultimately blisters, saline cathartics, antimonials, and other refrigerants; rest in the horizontal position. Should the disease not yield to depletion, calomel combined with opium or henbane should be given. After gangrene has occurred, it will be necessary to support the system.

Ascaris Lumbricoides.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that for *ascaris lumbricoïdes*, *semina cynæ vel santonici*, the buds of *Artemisia contra* justly enjoy the best reputation. The practice of giving an electuary made of the powdered seeds of wormwood, jalap, valerian, &c., is now almost displaced by the more certain and agreeable preparations, such as the ethereal extract, and particularly santonin. Of the former we may give a child gr.v-x, during the day, of the latter gr.iiij-iv. A laxative should always be given after the use of wormwood or its preparations.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, pp. 967, Philadelphia, 1867) gives a brisk purga-

tive, followed by chenopodium or wormseed, santonin, or spigelia (pink-root); all act toxically. With a view to preventing the ingestion of the ova of lumbrici, attention should be directed to the purity of the water used as drink.

Dr. T. SPENCER COBBOLD (*Worms: a Series of Lectures on Practical Helminthology*, pp. 178, London, 1872) mentions as an instance of the almost specific action of santonin in *ascaris lumbricoïdes*, that on one occasion a man passing through the laboratory of a pharmaceutical firm in the City picked up a santonin lozenge and swallowed it. During the following night or morning he passed a large lumbricus, which had thus evidently been expelled by a single grain of this drug.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) prescribes an aperient, limits the diet to liquids for a day, and then employs santonin in doses of from one to three grains every morning for two or three days, in sugar or syrup, or made up into lozenges, or with gingerbread. It is more efficacious when mixed with castor-oil; and Kückenmeister advises that from two to four grains be dissolved in ʒj of the oil, and ʒj taken every hour until it acts.

Ascaris Vermicularis.—Dr. SPENCER COBBOLD (*Worms: a Series of Lectures on Practical Helminthology*, pp. 178, London, 1872) does not hesitate to say that the exhibition of salines generally, and especially natural mineral waters, aided by the use of quassia and saline injections, has afforded him the most satisfactory results.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends four grains of compound scammony powder, with five grains of aromatic powder; or, two to three grains of calomel and ten grains of jalap, taken at bed time. In weakly children, small doses of Epsom salts. The day after the administration of

the purgative the patient ought to be kept on low diet, with solid food. On the day succeeding the purgative from five to ten grains of the ethereal extract of santonin, or from three to four grains of santonin itself, may be given. Injections of infusion of quassia, or of steel and quassia and aloes, or a solution of common salt in gruel, or a similar quantity of lime-water, are useful in the expulsion of the ascaris vermicularis. Half an ounce of the compound decoction of aloes, taken in the morning fasting, once or twice a week, and three ounces of infusion of quassia, may be taken every morning that the aloes are not taken.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) has relieved many patients from their tormentors by prescribing simply the infusion of quassia as an injection. Dr. Darwell says of an enema composed of half an ounce of the muriated tincture of iron mixed with half a pint of water, 'that there are few cases so obstinate that this will not suffice to overcome.' Lime-water, injected into the rectum, forms another efficacious remedy against ascarides. In obstinate cases, Sir Thomas says, he should be tempted to administer the ethereal extract of the male shield fern, mixed with water, at both ends of the body.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, pp. 967, Philadelphia, 1867) advises the same anthelmintics as for the destruction of the lumbricoid worms. In addition enemata of cold water, or salt and water, once or twice daily.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) employs large injections of cold water, with a little vinegar, used for a long time. In obstinate cases he adds a weak solution of corrosive sublimate (gr. $\frac{1}{4}$ to $\bar{5}$ ij) to the enema.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) recommends injections of common salt and

other alkaline salts dissolved in water or gruel (3j to Oj); santonin with castor-oil, infusion of quassia; infusion or decoction of wormwood; tincture of steel (3j to Oj of water or infusion of quassia); olive oil, lime-water, decoction of aloes, decoction of rue, or even mere water, if employed freely for a few days. Cleanliness is of great importance.

Asthma.—Dr. HYDE SALTER (*Lancet*, January 30, 1867) has used belladonna extensively, and is satisfied with the results. He believes the reason why it has not had a greater reputation as a remedy for asthma is that it has not been given in large enough doses. He thinks that, like lobelia, it must be given in doses sufficiently large to produce its physiological effects, otherwise we have no right to say that it has been fairly tried, or to conclude that it has been a failure if it has not achieved a cure. Dr. Salter thinks to put ten minims three times a day in some mixture is simply worthless. He begins with ten minims every night, and increases it to twenty, twenty-five, and then thirty drops. The value of nitre-paper in any given case is, in Dr. Salter's opinion, in proportion to the purity of the asthma in that case; the cure it effects is only complete where the asthma is of the pure spasmodic type, and free from organic complications. In three of the cases related by Dr. Salter in his new work on *Asthma, its Pathology and Treatment*, and others of which he has not preserved notes, it was of very little use when the attack was complicated with bronchitis. The following is the way in which an asthmatic gentleman told Dr. Salter he has been accustomed to make a paper that answers perfectly well:—‘Dissolve four ounces of saltpetre in half-a-pint of boiling water; pour the liquor into a small waiter, just wide enough to take the blotting or filtering-paper; then draw it through the liquor and lay it by the fire; cut into pieces about four inches square, and burn one piece in the bed-room on retiring to rest at

bed-time.' Dr. Salter has tried this method of preparing the paper himself, and finds that it burns perfectly well, and is very efficacious; but he thinks *ten* such pieces are not at all too much to burn at once. Of all forms of prophylactic treatment, none (with the exception of change of residence) is more successful than that which is regiminal.

Dr. J. HALE (*American Practitioner*, February 15, 1872) particularly recommends in cases of asthma the following: R æther. sulph. ʒiiss, tinct. lobeliæ ʒj, tinct. opii, tinct. stramonii āā ʒiv; m.s. A teaspoonful every hour or two, until the dyspnœa is relieved.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, pp. 467, Philadelphia, 1871) has known ipecacuanha wine, with tincture of lobelia—one quarter to one half fluid drachm of each, every half hour until nausea or expectoration is produced—act very well. Hoffman's anodyne, in half-drachm or drachm doses, will sometimes do great good.

Dr. THOROWGOOD (*Medical Press and Circular*, December 18, 1872) believes an important medicine in real bronchitic asthma is found in mercury. As a rule these cases arise from cold; there is tendency to basic congestion of lungs, with bronchial râles, and at times there may be some hæmoptysis. Such are the cases in which a small pill of pil. hydrarg. c. pulv. scilla, or of hydrarg. c. creta, c. pulv. ipecac. et ext. conii, at bed-time or oftener, will succeed in giving great and permanent relief.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) says opium, stramonium, and chloroform, are eminently calculated to relax the spasm. Sinapisms and turpentine stupes to the back and front of the chest seem occasionally to give relief. The tendency to asthma may sometimes be removed by tonics, by attention to the digestive organs, by the use of the shower or sponging-bath, and by change of air.

Dr. HOLDEN (*American Journal of the Medical*

Sciences, October 1872) calls the attention of the profession to nitrogen in the treatment of asthma. The following is the method adopted with the protoxide:—The gas, fresh and pure, is passed through a jar containing a fluid extract of conium, Calabar-bean, or belladonna, according to the necessities of the case; and from this jar is inhaled by the patient once daily, before retiring, and for four or five consecutive days, the quantity varying according to the condition of the patient, but not exceeding five to eight gallons, never to anæsthesia, the sitting occupying at least ten minutes. Relief almost always follows the first inhalation, and produces an uninterrupted night's rest. Upon the disappearance of the nightly paroxysm and the subsidence of all oppression in breathing, the remedy must be discontinued, but must be instantly resorted to upon the first evidence of return.

Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872) removes the 'exciting cause.' An undigested meal or constipation must be got rid of by an emetic in the one case, or by an enema in the other. The patient should be supported; camphor mixture an ounce and a half, with a drachm of the spirit of nitrous ether, and some morphia, every hour or two for a short time. Where opium disagrees, henbane should be given. In other cases, or in other attacks, assafoetida, castor musk, or hydrocyanic acid, may be substituted. If the fit should occur after a heavy meal, and after an emetic has been given to empty the stomach, tincture of rhubarb, or the sulphate of magnesia, should be continued in repeated small doses. If the attack be long, arrowroot or sago, with a little brandy or wine, should be given. The feelings of the sufferer should be consulted as to the temperature to which he should be exposed during the paroxysm; in some cases fresh air is grateful and reviving; in others, where the paroxysm is purely a spasm of the bronchial tubes, warmth is more useful. During the interval the greatest attention

should be paid to the diet; open air exercise must be freely taken. Smoking stramonium, or the inhalation of chloroform, soothe and mitigate the paroxysm in some cases, but do not appear to shorten the attack in any.

Dr. C. T. WILLIAMS (*The Lancet*, October 25, 1873) speaks in high terms of the hydrate of chloral. His experience, founded on upwards of twenty cases, is decidedly favourable to the use of this drug in spasmodic asthma.

Bladder, Catarrh of the.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873), says when the catarrh proceeds from the extension of an inflammation of the urethra or womb, the application of a few leeches upon the perineum, or portio vaginalis, is advisable. If the apparent cause be cold, we should resort to a diaphoretic course of treatment. It is only when quite recent, and of great intensity, that the indications from the disease itself call for local blood-letting, which then is better performed upon the perineum than above the symphysis. In most cases of acute catarrhal cystitis, hot poultices upon the abdomen and general warm-baths, suffice to relieve the symptoms and to bring about a favourable termination. The patient should drink Seltzer, Wildruger, Fachinger, or Gailnauer waters, or soda-water, or lime-water, mixed with equal parts of milk. The semina lycopodii have a peculiar reputation as a remedy for this complaint: \mathfrak{Z} ss to mel. despumat, \mathfrak{Z} jss f. elect. s. \mathfrak{z} j every two hours; as has also camphor, where the complaint arises from the abuse of cantharides. Dover's powder in small doses at bed-time is a most efficient remedy against pain and vesical tenesmus. The more the pain abates, and the more copious the admixture of mucus and pus in the urine, so much the more urgently are the astringents indicated. The astringent most commonly employed is a decoction of the folia uva ursæ (\mathfrak{Z} ss to \mathfrak{Z} vj, a tablespoonful every two hours). The continued use of tannin is still more efficacious. In the later stages, and

still more in the chronic form, the balsams and resins are of striking benefit; the oil of turpentine, tar-water, Peruvian balsam, and, above all, balsam copaiba, which may be given in capsules of gelatine. If these remedies fail, we should have recourse to local treatment. Dr. Niemeyer has repeatedly made injections with luke-warm water, the temperature of which he gradually brings down to 65° F., and cannot sufficiently praise their efficacy, especially in the treatment of women. Astringent injections should be used with great caution. Suppurative destruction of the vesical mucous membrane is quite insusceptible of treatment. In excentric hypertrophy the bladder must be emptied by the catheter regularly every eight or twelve hours, and an elastic bandage should be fitted to the abdomen. In concentric hypertrophy, on the other hand, the patient must be charged to retain his water as long as possible, in order gradually to dilate the bladder.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends purging, together with opiates, diluents, and the warm-bath in the acute affection; in chronic inflammation, opium, hot hip-baths, hot fomentations over the abdomen, and linseed-meal poultices, with or without mustard or turpentine, over the hypogastric region. Suppositories of morphia are also of great use; alkaline and demulcent drinks should be at the same time given. If the urine be acid, the neutral salts or the pure alkalies with opiates, are the best medicines; if alkaline, or loaded with mucus, the mineral acids combined with an opiate are of the most service. If these remedies fail, salicine, gr. x every six hours, may be given. In chronic catarrh, when the discharge is copious, the decoction of *ava ursi*, in doses of not less than half-a-pint daily, is very soothing.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) removes the cause if possible; then frequently empties the bladder by the catheter, and washes

it out with six or eight ounces of water containing twenty grains of extract of henbane, with three or four of extract of opium; or, where an astringent seems needed, acetate of lead or tannic acid in warm water; infusion of uva ursi and buchu, or the decoction of pareira and couch-grass; demulcent drinks, especially the decoction of Iceland moss, or plain barley-water, or the infusion of linseed, are serviceable. A suppository of opium and belladonna will procure refreshing sleep; but in women a medicated pessary containing the iodide of lead or the oxide of zinc, with belladonna. A belladonna plaster over the sacrum sometimes affords considerable relief. Nourishing unstimulating food must be given freely.

Bladder, Irritable.—Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) says in simple irritability of the bladder, not of long duration, attention to regimen generally, the avoidance of all stimulating drinks, and tepid salt-water baths, will often effect a cure. The dilute nitro-muriatic acid in decoction of pareira brava is very useful when the urine is alkaline or only slightly acid; when abnormally acid, small doses of liquor potassæ in infusion of buchu do great good. Opiate suppositories at bed-time, or five or ten grains of the extract of henbane in a pill, lessen the irritability in all cases, and allow of a good night's rest. In general debility, or when the irritability comes on in young women at the catamenial periods, ferruginous tonics should be ordered. The tincture of cantharides, with or without the tincture of the sesquichloride of iron, has relieved all the symptoms of a few obstinate cases after other means have failed.

Dr. W. SCOTT HILL (*American Journal of Medical Sciences*, January 1872) speaks of the beneficial effects of gelsemium in irritation of the bladder. The preparation he generally employs is Tilden's fluid extract.

Brain, Inflammation of the.—Sir THOMAS WATSON

(*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) advises blood-letting by cupping or leeches from the back of the neck, or the temples, or the mastoid processes; purging by calomel and jalap, and the application of cold to the head after removal of the hair. A blister to the nape of the neck may be beneficially applied when the violent symptoms of excitement have abated. When an extreme degree of collapse occurs, opiates, beef-tea, and wine, may be cautiously given.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) in very recent cases, particularly in those of traumatic origin, employs local antiphlogistics, leeches, and cold compresses. In most cases there is little to do but have the patient observe proper regimen, guard him from everything that can increase the pressure of blood to the head, and to combat the most urgent symptoms.

Dr. AUSTEN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) recommends blood-letting, which affords relief by weakening the force of the heart's action and diminishing the quantity of blood sent to the head. If the symptoms do not denote a degree of congestion sufficient to call for so prompt and efficient a measure as blood-letting, relief may be obtained by ice to the head, stimulating, hot pediluvia, and an active purgative.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends strict observance of the antiphlogistic regimen; that is to say, general and local bleeding, antimonials in some states of the disease, digitalis, active purgatives, mercury, blisters to the back of the head and neck, and the constant application of cold to the head. With regard to venesection it is advised that the blood be allowed to flow until a decided impression is made upon the pulse, or until the patient faints. When, from the exhaustion of the nervous force, an extreme degree of collapse occurs, the only chance of

rescuing the patient will consist in the administration of stimulants; such as ammonia, sulphuric ether, strong beef-tea, wine, &c. In all stages of the disease the practitioner must watch his patient almost hour by hour, must be careful that he is kept dry and clean, and that the bladder does not become distended. Should the disorder yield to these measures, great care will be requisite for some time—especially with regard to diet and the avoidance of all excitement—to prevent a relapse.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, pp. 467, Philadelphia, 1871) is sure he has known a blister over the whole scalp do great good.

Bronchitis, Acute.—Dr. FULLER' (*Diseases of the Lungs and Air Passages*, 2d edit. pp. 534, London, 1867) states that if the attack declares itself as a 'common cold,' a full dose of opium, either alone or combined with a tumbler of white-wine whey, or some other hot alcoholic stimulant, will sometimes suffice to check the disease; or, if there be so much febrile excitement as to render such treatment inexpedient, a hot-air or hot-water bath, or a hot leg-bath, followed by an ammoniated saline draught, combined with a full dose of sweet spirits of nitre, a few drops of the liquor morphiæ, and from twenty to forty minims of the vinum antimonii, will often induce a copious action of the skin and kidneys, and thus carry off and put an end to the attack. In some persons a few full doses of quinine will have a similar effect. If more serious symptoms arise in the sthenic type of the disease, occurring in the adult, venesection may be practised, or cupping between the shoulders is preferable; but blood-letting, however practised, must be employed with extreme caution, and must be confined to young and robust persons of a healthy constitution. In children leeches on the chest form a convenient and effective substitute for phlebotomy. At the outset of the attack, the administration of tartarized antimony with

the liquor ammoniæ acetatis is advisable. Digitalis given in fifteen or twenty-minim doses is often useful as an adjunct to the mixture. While the cough remains dry, and before free secretion has commenced, the air-passages should be fomented by the inhalation of air charged with the steam of water, the bowels should be freely but not violently acted on; the secretions stimulated, if necessary, by mercury, mustard-poultices, or turpentine stupes applied to the chest. As soon as secretion from the air-passages is freely established, a large blister should be applied to the sternum, or to either side in front, and when it has risen the blistered surface should be covered with a bread-and-linseed poultice. As soon as the first severity of the attack is subdued, and the expectoration becomes thicker and less copious, the quantity of tartarised antimony and digitalis may be decreased, and then, if expectoration continues free, squills or ipecacuanha, with paregoric, or a few minims of the liquor morphiæ, will be found useful adjuncts to the mixture. At a still later stage the antimony and digitalis should be omitted altogether, and in some instances the patient's strength supported by quinine or bark, combined with squill and chloric ether, while the cough is quieted by morphia and ipecacuanha. If there is any difficulty in expectorating, the compound squill pill may be given, or a draught containing full doses of cinchona with five grains of carbonate of ammonia, and thirty or forty minims of the compound tincture of benzoin or of the balsam of Peru. This will generally facilitate expectoration, and so relieve the dyspnœa; in obstinate cases recourse should be had to an emetic, followed by the administration of the decoction of senega, or the mistura ammoniaci; at the same time the inhalation of steam charged with carbolic acid is recommended, and if there is any lividity of the face or lips the inhalation of oxygen is of the greatest service. If the patient be of a gouty habit, a few

drops of colchicum wine combined with fifteen or twenty grains of the bicarbonate of soda prove a capital expectorant, and if of a strumous disposition cod-liver oil. Under no circumstances should opium be given if the secretion is copious and expectoration difficult. Nitric or sulphuric ether, the spirit of chloroform, and the ethereal tincture of lobelia, are useful in cases attended by bronchial spasm. If, as sometimes happens, tartarised antimony fails to check or control the symptoms, a few small doses of calomel may be tried. In some cases quinine is well borne from the first, in combination with digitalis and hydrocyanic acid. Throughout the treatment the temperature of the room should be maintained at from 63° to 68° F., and its atmosphere moistened, according to the sensation of the patient. Under ordinary circumstances the diet should at first be restricted to milk, whey, broth, beef-tea, gruel, and arrowroot; but if the attack be of an asthenic character, a more generous diet must be given, and stimulants may be cautiously employed.

Dr. H. C. Wood (*New Remedies*, April 1872) has obtained, in obstinate acute bronchitis, after the first intense stage, more apparent good from the use of muriate of ammonia than any other remedy. The best formula is as follows:—℞ ammoniæ muriat. ʒij, ext. glycyrrhiz. ʒj, mucil. acaciæ, aquæ āā f. ʒiij. M. S. Tablespoonful for an adult every two hours; teaspoonful for a child a year old every three hours. When the cough is very annoying $\frac{1}{20}$ th of a grain of sulphate of morphia, or 10 to 15 minims of tincture of hyoscyamus, may be added to each dose.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends topical blood-letting, by cupping over the surface of the chest, or between the scapulæ; if there be much fever, or hard pulse and great oppression of breathing, a mercurial purgative, calomel and jalap for example, with tartar emetic. To this combination Sir Thomas trusts more

than to any other treatment. If symptoms of sinking show themselves, carbonate of ammonia, five or six grains in solution, every four or six hours, may be given. Inhalation of the steam of hot-water is soothing and useful. When the dyspnœa is extreme, a mustard-poultice should be laid across the chest.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes, after a brisk purgative, a saline mixture containing ipecacuanha or squills; or, if there be any depression, a stimulating expectorant must be ordered. Gentle counter-irritation to the front of the chest, by turpentine stupes or sinapisms, will also be valuable. Should the phlegm appear to accumulate in the bronchial tubes, an emetic will readily remove it. When physician to the Farrington Dispensary, the author was in the constant habit of successfully treating acute bronchitis from the commencement with ammonia, squills and senega, good beef-tea, the inhalation of the steam of hot water, and counter-irritation by means of rubefacient liniments or turpentine stupes.

Dr. BEDFORD BROWN (*American Journal of Medical Sciences*, October 1870) has found the early use of an emetic of ipecacuanha very serviceable in a number of cases in children; a combination of ipecacuanha and quinine being continued afterwards. Warm poultices over the chest are always beneficial.

Bronchitis, Chronic.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends quinine with squills and conium, or a draught containing full doses of cinchona with five grains of carbonate of ammonia, or ten to twenty grains of the muriate of ammonia and thirty to forty minims of the compound tincture of benzoin, or of the balsam of Peru. The patient should remain in a room where the air is kept moist by the evaporation of boiling water, and the temperature should be maintained at 63° to 68° Fahr. Besides the

selection of a beneficial climate, and the use of nourishing, easily digested food, stimulating embrocations may be rubbed not only over the chest, both before and behind, but along the sides of the neck. When the disease is associated with a tendency to gout, colchicum must be given. In the protracted bronchitic affections of the aged, diuretics are of great service. The following formulæ are recommended:—℞ decocti. senegæ f. ʒvij ; pot. nit. gr. iij ; tinct. camph. co. vel. tinct. conii. m. xx ; spr. æth. nit. f. ʒss ; oxmyl. scillæ, f. ʒss ; ft. hst. ter die sum. ℞ liq. ammon. acet. ʒiij ; potassæ acetatis, gr. xx ; aceti scillæ, f. ʒss ; sp. æth. nit. f. ʒss ; tinct. camph. co. m. xx ; mist. camph. ʒvj ; syrup aurant. ʒj ; ft. hst. ter die sum. ℞ decocti senegæ, ʒv ; tinct. camph. co. scillæ āā ʒij ; syrup tolut. ʒiv. Sumat. ʒss vel ʒj ter die. When gastric irritation prevails, the administration of balsams, gum resins, and terebinthine remedies, must be suspended.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) advises counter-irritants to the chest. Opiates for cough and diarrhœa ; steel, where it can be borne, sarsaparilla ; but above all, frequent change of air and place, gentle gestation in a carriage or in a boat, and a nourishing but bland and unstimulating diet.

Dr. LIDDELL (*New York Medical Record*, July 1, 1872) administers carbolic acid 1 part to 450 in the vapour of hot water, or in the form of spray with an atomizing apparatus. The patient is made to breathe or inhale the spray with deep inspirations, from five to ten minutes at a sitting, unless a feeling of drowsiness is sooner produced, once a day usually ; twice a day when the expectoration is profuse or offensive.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends various stimulating expectorant tonics, cod-liver oil, good nourishing food, and wine or some other stimulant. When the disease is due to the poison of syphilis, iodide of potassium and Plum-

mer's pill. Counter-irritation by sinapisms, turpentine stupes, or rubefacient liniments. Blisters frequently do good. Patients often subsequently derive advantage from covering the chest with a large emplastrum ferri.

Dr. GREENHOW (*On Chronic Bronchitis*, London, 1869) points out that patients with chronic bronchitis generally do better when much out of doors than when confined closely to the house.

Dr. FULLER (*Diseases of the Lungs*, 2nd edit. pp. 534, London, 1867) relies on dry cupping and counter-irritation, combined with the administration of antimony, squills, ipecacuanha, digitalis, nitric ether, the sesquicarbonate of ammonia, and other expectorants; and, if the bronchial mucous membrane is dry and secretion is deficient, with the inhalation of an atmosphere charged with steam—to keep up, as it were, a constant fomentation of the irritated membrane. A blister should be applied to the anterior surface of the chest, and should be followed by a poultice covered by oiled silk, while the posterior surface of the chest is subjected to the application of mustard-poultices, turpentine fomentations, stimulating liniments, or counter-irritant ointments. Wine and other more powerful stimulants must of course be given if the patient manifests any tendency to sinking.

Bronchocele.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends the removal of the sufferer, whenever that can be done, from the infested locality, the internal administration of the liquor iodi (B.P.), five minims, gradually increased, three times a day; and externally the unguent. iodi (B.P.) rubbed upon the tumour night and morning.

Prof. GROSS (*Canada Medical Record*, February 1873), advises the neck to be thoroughly washed at least once in the twenty-four hours with hot water and soap, and immediately afterwards a little of the following ointment to be well rubbed in :—Ungt. hydrarg. biniodid. ʒj, cerat.

simp. ʒvi. Internally, the liquor iodinii comp. gtt.viiij, in sweetened water, three times a day. Flannel and oiled silk around the neck. Unstimulating diet. Six grains of blue pill, with a grain of ipecacuanha now and then at bed-time.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends—1. Removal from the district where the disease prevails; 2. Improvement of the water used as drink; 3. Elimination of the goitrous poison, or change of constitution. Iodine combined with iodide of potassium—five grains of the former and ten grains of the latter added to one pint of water—one drachm three times a day, gradually increased. The unguent. iodium comp. may be employed externally.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) advises the removal of the patient from the infected locality, the liquor potassii iodidi comp. of the Phar. Lond. in doses of ʒij to ʒj and the unguentum iodinii compositum, or the pigmentum iodinii, applied locally.

Dr. KARL SCHWALBE (*Virchow's Archiv*. Band 54) speaks of the injection of iodine and of alcohol in the treatment of thyroid tumours. Those in which it succeeds best are the soft and cystic enlargements; in hard fibrous tumours no result is obtained; and in vascular swellings there is danger of the production of embolism, unless the vessels have been partially contracted and the tumour diminished by the internal use of iodine and electrolyses. If blood escape in a stream on the introduction of a canula, the injection must not be made; in any other case it may be done with safety. About ten or twenty drops are injected as nearly as possible in the middle line of the neck, over the tumour, by means of a syringe fitted with a canula having a short point. If no blood on the introduction of the canula, the fluid is forced in, and before removing the instrument the operator waits for a short time, in order that the injection may not again flow

out. The operation is sometimes followed by transient pain in the course of the nervous auricularis magnus, cough, gastric oppression, vomiting, and, in weak subjects, fainting. One woman who was subject to epelipsy was seized with symptoms of hemiplegia soon after the injection, and died in convulsions. Schwalbe prefers alcohol for the injection, a drachm of iodide of potassium being at the same time taken daily. The injection may be repeated at weekly intervals. No confinement is required during the treatment, the average duration of which is two or three months.

Catalepsy.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873), in spite of the old caution not to interfere too actively with a cataleptic fit, would not hesitate to resort to affusion of cold water, or to apply a strong electric current; and, unless the respiration and pulse should seem too feeble, to give an emetic. In a protracted seizure it may become necessary to feed the patient through an œsophagus tube.

Dr. WILLIAM A. HAMMOND (*Treatise on Diseases of the Nervous System*, 3rd edit. pp. 754, New York, 1873) has never yet failed to cure the disease with bromide of potassium combined with the oxide of zinc, with the simultaneous use of strychnia and other tonics. The mind should be brought under proper discipline, and kept as far as possible from the operation of all causes calculated to promote emotional excitement. At the same time a well regulated system of hygiene, as regards all the physical requirements of the body, is indispensable.

Dr. AUSTIN FLINT (*Practice of Medicine*, 2nd edit. pp. 967, Philadelphi, 1867) says the principles of treatment are essentially the same as in cases of hysterical coma. The condition of the muscles calls for the use of friction, with stimulating liniments. Forcible alimentation may be required if the cataleptic paroxysm be prolonged.

Dr. HARTSHORNE (*Essentials of Practical Medicine*,

2nd edit. pp. 487, Philadelphia, 1871) is not aware of any special treatment appropriate for this affection. Management like that suitable for the epeliptic will be in place also in catalepsy. Both are now so well understood to be asthenic disorders, with impaired *hæmatisis* (blood-making) as an important element, that all reducing measures are properly omitted from their treatment. This must be essentially tonic and analeptic or restorative.

Catarrh.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871), in the milder forms of catarrh, advises us to keep the patient in the house, or even in bed; let him live upon slops; give him a gentle aperient, and then some diaphoretic medicines—small doses of James's powder, three drachms of the liquor ammoniæ acetatis, with a drachm of the spiritus ætheris nitrici, and an ounce of camphor mixture; or a saline draught with an excess of alkali, and a few grains of nitre, or a little antimonial wine, three or four times a day. The patient should put his feet and legs into a warm-bath, and take three or four grains of Dover's powder just before he goes to bed.

Dr. C. J. B. WILLIAMS (*Medical Times and Gazette*) recommends abstinence from every kind of drink until the disorder is gone, on the principle of cutting off the supply of watery materials to the blood. This plan achieves a cure, upon an average, in forty-eight hours. He allows, without recommending, a tablespoonful of tea or milk for the morning and evening meals, and a wineglass of water at bed-time. Dr. Williams observes that while this dry treatment is servicable in catarrhal bronchitis, it is *most* successful in coryza, the snivelling cold in the head. It must be put in force in the very commencement of the disorder.

Dr. BRAND (*Wiener Med. Wodenschrift*, June 15, 1872) speaks in terms of recommendation of the following

formula for an anti-catarrhal olfactory:—℞ carbolic acid five parts, rectified spirits of wine fifteen parts, strong solution of ammonia five parts, distilled water ten parts. The mixture is kept in a stoppered dark-glass bottle. When a catarrh is commencing, a few drops are placed on three or four layers of blotting-paper; the patient holding this in his hand, and closing his eyes, inhales deeply from it as long as any smell is perceptible. The remedy should be applied every two hours.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 576, London, 1873) speaks in high terms of aconite, half a drop or a drop of the tincture in a teaspoonful of water, every ten minutes or a quarter of an hour for two hours, and afterwards hourly. If there is much prostration, with feeble and weak pulse, a still smaller dose. In comparatively mild cases, especially if the aconite is given at the earliest stage, when the chill is still on the patient, the skin dry, hot, and burning, becomes in a few hours comparatively moist, and in a little time longer is bathed in a profuse perspiration.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that the production of active *diaphoresis* is the only procedure worthy of adoption. In the latter stages of acute coryza, after the irritation of the mucous membrane has given place to a more torpid condition, a long walk in the fresh air, or even an occasional pinch of snuff, accelerates the cure. In infants at the breast the obstructing secretion should be removed by syringing out the nose with lukewarm water. In chronic nasal catarrh cod-liver oil is indicated where there seems to be a scrofulous condition. In bloated, flabby subjects, with an over-tendency to obesity, a depletive treatment by the systematic exhibition of laxatives, as well as the cold-water cure, is suitable. Local treatment is of the utmost importance—pencilling the swollen mucous membrane with a solution of nitrate of silver

(gr. iv—5ss to ʒj), or cauterization with the lunar caustic in substance. Mercurials in the form of snuffs are in great repute, as are also dilute solutions of corrosive sublimate injected into the nostrils. When the discharge is offensive the injection of weak solutions of chlorine, or of iodine, or creosote (iodini puri, gr. ij—iv, potass. iodid. gr. iv—viij, aqua ʒvj), will give more satisfactory results.

Dr. LEONARD SEDGWICK (*British Medical Journal*, March 1, 1873) draws attention to the immense value of potassium chlorate in catarrh. If taken early and frequently, it will stop many a cold. The best form is the lozenge, eight or ten or more of which may be taken in the twenty-four hours. These should be sucked very slowly, for its action is chiefly if not altogether local. It always quickly relieves the stuffing of the nose, the rawness of the throat, the thickness of the voice, and if begun soon enough, speedily cures the cold.

Cerebro-Spinal Meningitis.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes at the outset stimulating embrocations to the spine and extremities, with moist or dry heat to the limbs, and wrapping in blankets. Opium in large doses subdues the virulence of the symptoms. Quinine where malaria aggravates the disease. Ether and chloroform inhalation, the author says, have been used as sedatives, and tincture of cantharides in cases of extreme depression. Counter-irritation, by the actual cautery applied along the spine, or by blisters, has been followed by alleviation of the pain and other symptoms. Ice compresses to the head, leeches behind the ears, and calomel, are also recommended.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) says the application of cold to the head and spine, by means of ice or freezing mixtures in indiarubber bags, has appeared to be of service, and is deserving of a further trial. The cautious subcutaneous

injection of morphia with atropine into the nape of the neck seems to be promising. The complications and sequelæ of the disease must be treated on the usual principles.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) would give quinine were his diagnosis sure in every case from the commencement. External stimulation is indicated. Dry cupping to the back of the neck is proper, followed by a blister at the same place.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. London, 1873) says that the customary treatment of sporadic meningitis, consisting of the energetic use of cold, as ice compresses to the head, the application of leeches behind the ears, and the internal administration of calomel, is also advisable in epidemic cerebro-spinal meningitis. Almost all observers, he adds, agree that quinine is entirely useless, even in decidedly intermittent cases. Dr. Niemeyer has no personal knowledge of the success of morphia when given internally or hypodermically; but a number of trustworthy observers, *Ziemissen* and *Mannkopff* among others, speak most favourably of it, especially in the form of subcutaneous injection.

Cholera.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London 1872) says the management of a case embraces the following conditions:—1. That the horizontal position of the body be maintained; 2. That the administration of opium, with or without cordial stimulants, be at once commenced; 3. That the induction of perspiration be brought about. The following is a good formula for an anti-spasmodic pill in the early stage of bowel relaxation:—℞ pulv. opii gr. xij, camphor gr. xxx, pulv. capsici gr. ix, spt. vini rect. q. s.; conserv. rosar, q. s., misce et div. in pil. xij. The following “cholera mixture” has been found useful in many cases of diarrhœa: ℞ pulv. aromat. ʒiij, tinct. catechu f. ʒx, tinct. cardam.

co. f. ʒvj, tinct. opii. ʒj, mist. cretæ preparat. ad f. ʒxx. Of this mixture the dose is one ounce.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London 1873) believes that energetic diaphoresis occasionally averts an attack of cholera. Opium is one of the most efficient remedies against choleraic diarrhœa. The so-called Russian cholera-drops are particularly celebrated:—R tinct. valer. œth. ʒij, vin. ipecac. ʒj, tinct. opii. ʒj, ol. menth pip. gtt. m.v. Take twenty to twenty-five drops every hour or two. Dr. Niemeyer gives opium in the shape of Dover's powder, or as tincture in mucilage. If the diarrhœa, in the course of a few hours, has improved, it is well to continue it in smaller doses till a formed stool shows that the excessive transudation into the intestines has ceased. If, on the other hand, in spite of the repeated doses of opium the diarrhœa continues or grows worse, if the patient collapses visibly, if his skin grows cool, and the dejections lose their colour, Dr. Niemeyer regards the continuation of opium as contra-indicated; in such cases he has had the best results from cold compresses frequently applied to the abdomen, and from the administration of calomel (a grain every hour). The patient should be allowed small portions of ice-water, or small pieces of ice to swallow at short intervals, to replace the loss of water from the blood. Stimulants should be given from time to time as soon as the pulse becomes small, and the patients are evidently in collapse. Among the stimulants champagne that has stood in ice is preferable to most others. In poor practice, rum or arrack diluted with water is best. Frictions of the skin with tincture of mustard often relieves the painful cramps in the muscles. With regard to nourishment, after the attack is over we should give nothing more irritating than diluted milk, meat-broth and biscuit. Solid food should not be allowed till pulpy and consistent stools appear.

Dr. GEORGE JOHNSON asserts that in the treatment of cholera, and choleraic diarrhœa, which is, in fact, cholera in a mild form, the main principle to bear in mind is that the discharges are as essentially curative as is the eruption of small-pox. They are therefore not to be abruptly stopped by opiates. A copious imbibition of pure cold water will suffice for the cure of most curable cases. The over-distended bowel, not unfrequently met with, must be promptly relieved by giving some quickly acting yet unirritating evacuant dose—such as castor-oil. The time to give opium, if at all, is in small doses, to soothe the bowel after the expulsion of the poisonous secretions.

Dr. T. M. LOWNDS (*Lancet*, September 2, 1871) considers the treatment under four heads—1. Choleraic diarrhœa; 2. True cholera; 3. Collapse; 4. Reaction. For the first he prescribes a draught containing a stimulant anti-spasmodic combined with opium, about fifteen drops of each, dissolved in three or four drachms of brandy, given in plain water or in an effervescing draught. In the second stage opiates are more sparingly used; a dose or two of calomel given, and sinapisms applied to the abdomen; a drink, consisting of one drachm of the chlorate of potass with eight or ten drops of strong muriatic acid, and one or two drachms of dilute nitric acid to twenty-four ounces of water in one or two ounce doses, at the will of the patient. As soon as the rice-water discharges appear, cold beef-tea. In the third stage (collapse) all medicine except cold soup, and chlorate of potass drink, are discontinued. In the fourth stage (reaction) we must be guided entirely by general principles.

Dr. DANIEL W. PARSONS (*Liverpool Medical and Surgical Reports*, October 1871) adopts Dr. Macnamara's classification of the stages of the disease. He advocates the astringent treatment in the first stage, and combines carbolic acid with the opiates. In the second stage large

doses (30 grs.) of capsicum as an excellent stimulant to the sympathetic; drinks acidulated with sulphuric acid to neutralise the alkaline character of the rice-water fluid, occasional doses of carbolic acid; also friction, or chloroform, to relieve the cramps. Turpentine stupes and sinapisms do no good, but often harm in this stage, while opiates are worthless. In the third and fourth stages Dr. Parsons urges the capsicum treatment; and when the medicine cannot be taken by the mouth, it should be given by the rectum. In the stage of collapse, immersion in a saline bath, or the envelopment of the patient in sheets soaked in solutions of nitrate or chlorate of potash. In the fifth stage (reaction) the treatment should be very guarded. Stimulants should not be urged for four or five days; bland nutritious diet should be selected; and if suppression of urine should occur, cupping over the loins is advised, with small and repeated doses of tinct. lythæ, ten drops every hour. The various sequela must be treated on general principles.

Dr. EDWARD CLAPTON (*British Medical Journal*, Sept. 30, 1871) finds, on referring to the records of St. Thomas's Hospital, that in the cholera epidemic of 1854, when 208 patients were admitted into the wards of this hospital, the general and most successful plan of treatment was the hot-air bath at 130°, large mustard-poultices to the abdomen and calves of the legs, an ipecacuanha emetic, ice *ad libitum*, iced soda-water. As soon as the patient could take food, a little milk, arrowroot, or weak beef-tea, was given. In very few cases were stimulants or opiates prescribed. The ipecacuanha emetic in many instances quickly brought about reaction from the state of collapse, and gave an impulse to the heart's action. Castor-oil in frequent half-ounce doses was given in ten consecutive cases; but six died, and the plan was at once abandoned. Those treated by calomel in frequent doses also presented a large mortality—fifteen deaths out of twenty

cases so treated. Creosote in half-hour doses of one drop was given to six patients, who were also treated by hot-air bath, emetic, ice, and mustard-poultice; five recovered. Quinine, in large and frequent doses, was given in two cases; one recovered. In nearly all the less severe cases of cholera, diluted sulphuric acid in half-drachm doses every two hours was prescribed, in addition to the other means explained. In these cases the mortality was only one-sixth.

Dr. GALLAHER (*New York Medical Journal*, May 1871) gives the particulars of some cases of cholera and dysentery successfully treated by himself by the hypodermic use of morphia.

Dr. BLUMENTHAL (*Allgemeine Medic. Central Zeitung*) states that he and two of his colleagues treated eight cholera patients in the Riga hospital with hydrate of chloral. With the exception of two all recovered. In one of the fatal cases the patient was moribund when the chloral was given; the other death occurred in a pregnant woman, aged 35. The most obvious effect of the chloral in the cases that recovered was early arrest of the vomiting and diarrhoea.

Dr. LITTLE (*Medical Times and Gazette*, August 17, 1867) gives mustard as an emetic, a mechanical aperient and a neuro-tonic.

Dr. AUSTIN FLINT (*Science and Practice of Medicine*, 2nd edit. 1867) with a view to arrest the intestinal effusion, prescribes a grain of salt of morphia, administered by placing it dry upon the tongue. If the first should be quickly rejected, a second should instantly be given, and repeated at intervals of from half to three-quarters of an hour, until the dejections and borborygmi cease. It may also be given by the rectum. The patient should be restricted to a very small quantity of water, or spirit and water, given at short intervals, or to small pieces of ice. Perfect quietude is important. Dr. Flint has repeatedly succeeded in arresting the disease by this plan of treat-

ment, and when arrested before proceeding to the stage of collapse, the recovery is usually speedy. In the stage of collapse opiates should be given, but not to induce narcotism. Astringent remedies, if the stomach will retain them, may be added, such as tannic acid, the acetate of lead, bismuth, &c. If, however, those or other drugs provoke vomiting, they will be likely to do more harm than good. To allay vomiting hydrocyanic acid, creosote, and chloroform, may be tried. To excite and aid the efforts of nature in restoring the circulation, together with the functions dependent thereon, external heat by means of warm blankets or bottles of hot water, stimulating applications to the surface, diffusible and other stimulants, and alimentation, may be employed.

Dr. PATTERSON (*Medical Times and Gazette*, January 27, 1872) claims for the treatment of cholera by injection with morphia that its action is more decided than any other treatment he has seen or practised, and that in the race against death we gain time for further treatment when it is necessary.

Dr. E. HODDER (*Practitioner*, January 1873) has practised the transfusion of milk, freshly drawn from a cow, into the veins of two patients in a state of collapse from cholera. The effect after injecting fourteen ounces in the first case was rapid recovery, the purging and vomiting ceasing at once, and the pulse returning to the wrist. The milk was injected into a vein in the arm by means of a simple syringe. The syringe and bowl for the milk were heated to 100° F.

Dr. MAPOTHER (*Medical Press and Circular*, September 12, 1866) reports five cases of cholera, in the treatment of which he used the Calabar bean. He considers that the state of collapse indicates a highly excited condition of the vaso-motor nervous system, inducing spasm of the muscular tissue of the arteries and consequent con-

striction of their calibre. The Calabar-bean possesses the power of breaking or temporarily paralyzing the vaso-motor influence.

Dr. DUNCAN MENZIES (*Lancet*, June 23, 1866) speaks highly of the utility of iced water, *in small portions*. He put this treatment into practice during his stay in the upper provinces of Bengal, which extended over a period of six years, and found it very successful, whether the case was seen early or late in the disease. The improvement goes on until the stomach regains its normal tone, when medicines will not only be better borne, but also absorbed.

Dr. ALEXANDER SMITH (*Fever and Cholera*, pp. 301, Calcutta, 1873) regards the difference between cholera and simple continued fever as one only of degree, and recommends the exhibition of quinia, which should be given hypodermically whenever the stomach is too irritable to retain it.

Dr. BROWN-SÉQUARD (*Boston Medical and Surgical Journal*) says of all the means of treatment he has employed (and his trials have been very numerous), none has given by far as favourable results as the use of opium in extremely large doses, every twenty minutes, so long as the cholera symptoms exist. If there is no great vomiting, or if the vomiting is checked by Rivière's potion (a carbonate and tartaric acid, taken separately one immediately after the other, disengaging carbonic acid inside of the stomach), the laudanum is given by the mouth. If the vomiting is frequent, the laudanum should be injected into the bowels, but with the precaution of having a thorough washing of the large intestine by a previous enema to bring out all the contents of that tube. In bad cases a dose of twenty minims of strong laudanum (Sydenham's) is advised every fifteen or twenty minutes until the cholera symptoms cease, or until some slight symptoms of opium-poisoning appear. This mode of treatment does not succeed when the blood has been considerably altered by the

loss of a very large amount of its salts.' Of course these rules are not to be followed in cases of mere cholerine, or in the premonitory stages of cholera ; but even then opium in much smaller doses is also the best means. The subcutaneous injection of morphine is perhaps preferable to laudanum. Against the lack of urinary secretion Dr. Brown-Séquard has employed with benefit, in some cases, the actual cautery on the loins.

Dr. BURG (*Monograph*) points out the almost entire immunity from cholera enjoyed by workers in copper, and recommends the salts of this metal, the black oxide (particularly for children, as it has no taste), and the double chloride of copper and ammonium, with which he proposes to make a tincture. For an adult he prescribes five centigrammes (a little less than one grain) of the double chloride by the mouth every two hours, and fifteen centigrammes (nearly three grains) by the rectum every six hours, the doses being proportionately less for children and in the premonitory diarrhoea. For the cramps and other painful phenomena he urges that the copper should be applied in its metallic form ; a most convenient way, he adds, is supplied by copper coins connected together, so as to form a sort of belt.

Dr. WILLIAM PEPPER (*Philadelphia Medical Times*, July 12, 1873) recommends the use of bromide of potassium in the collapse of cholera. He advises it given in doses of forty-five grains in three ounces of water every twenty minutes, by mouth or injection. This drug, he thinks, has a wonderful power in quieting irritation of the sympathetic nerve, which irritation he regards as the source of the symptoms of collapse.

Dr. HODGEN (*St. Louis Medical Journal*) states a plan which he had used in treating cholera in 1866. He was so encouraged by its results as to present it to the St. Louis Medical Society as worthy of their consideration. He injected subcutaneously, during the stage of collapse,

from a sixtieth to a thirtieth of a grain of sulphate of atropia. In addition, he injected salt water into the bowels. The action of atropia in paralysing the peripheral extremities of the spinal nerves, in stimulating the contraction of the arterioles, and in increasing the beats of the heart, is well known.

Chorea.—Dr. WILLIAM A. HAMMOND (*Treatise on Diseases of the Nervous System*, 3rd edit. pp. 754, New York, 1873) has no doubt of the benefit to be derived from proper medical treatment in shortening the duration of the disease and preventing chronicity. His main reliance is on strychnia, which he thinks should be given in gradually increasing doses. Two grains of the sulphate of strychnia are dissolved in an ounce of water, and for a child of from ten to fifteen years of age five minims should be given three times a day. This quantity represents the one forty-eighth of a grain of the salt. The following day six minims are administered at each dose, the next seven, the next eight, and so on, till the physiological effects of the medicine, as evidenced by stiffness of the legs and neck, are obtained. Sometimes these are not perceived till twenty or twenty-five minims are taken at a dose. In other cases they follow on doses of ten minims. When they take place, the doses should be at once reduced to the original five minims, and the increase carried on as before. Dr. Hammond has never seen the slightest ill consequences follow this mode of treatment, and the doses are increased so gradually that with careful watching danger need never be apprehended. He has carried it out in thirty-two cases occurring in children under the age of fifteen, and in three cases in persons of adult years, without a single failure. In thirteen cases in his private practice he has at the same time employed the ether spray to the spine with unequivocal success. The whole spine is exposed, and the ether is thrown upon it from the occiput to the sacrum for about ten minutes

every day, or every alternate day, according to the severity of the attack. Ten applications are the maximum number Dr. Hammond has found it necessary to make, and thus in recent cases a cure has always been obtained within two weeks. In the paroxysmal forms of chorea, ether or chloroform by inhalation is often necessary to cut short or prevent an immediate seizure. In all cases hygienic measures are of the utmost importance.

Dr. DICKINSON (*Lancet*, April 15, 1871) states that most patients improve more or less during the first fourteen days, if merely placed in bed and kept at rest; but if within this time recovery does not take place, medicinal treatment must be resorted to. First, it would be well to give a sharp purgative of calomel and jalap, to ensure the removal of sources of intestinal irritation, and then one of the metals which experience has shown to be of value. Of these the most useful are the sulphate of zinc and iron in some form, the former applicable to florid and robust patients, and the latter to those who are anæmic. The administration of the salt of zinc should commence in doses of one grain every six hours, which should be increased by a grain daily up to from twenty to twenty-five grains. If the case should become chronic, arsenic and strychnia should be given; combined with these change of air and gymnastic movements; and in those cases which present an hysteric element, the shower-bath.

Dr. ALTHAUS (*Medical Times and Gazette*, December 3, 1870) prescribes chloral in doses of ten grains twice or three times a day.

Prof. STEINER (*Der praktische Arzt*, Nov. 9, 1869) holds that chorea in the majority of cases cures itself, though there are other cases which resist every remedial means. Certain remedies, however, ameliorate and shorten the duration of the disease in the first class of cases. In view of the anæmia so frequently present, Dr. Steiner orders iron, either alone or in combination with

oxide of zinc, as in the following prescription:—Ferri. carbon. saccharati, 2 parts; zinci oxyd. 1-25th part; sacch. alb. 8 parts. M., ft. pulv. t. d. sumen. The diet should be easily digestible, and abundant. If, after the employment of iron for a fortnight, no improvement occurs, the author resorts to the preparations of arsenic. He usually commences with one drop *per diem*, and increases the dose; after three or four days, to two, three, four and five drops, and then, if improvement have resulted, withdraws the remedy in the same gradual way. Cold water, applied hydropathically, is sometimes very serviceable. If the disease owes its origin to rheumatism, the remedies appropriate to that diathesis must be administered. The subcutaneous injection of arsenicum, sulphur, chloroform, and morphia, furnishes no satisfactory results.

Dr. RODOLFI (*Gaz. Med. Lombard.* January 16, 1869) says that with ample opportunity of treating chorea at the Brescia Hospital, and after trial of the great variety of substances recommended for this purpose, he has come to the conclusion that the best of these is the muriate of lime, seven to fifteen grains a day, preceding its employment by a purgative composed of castor-oil, calomel, and santonine.

Dr. ZEMBERLIN (*Gaz. Hebdomadaire*, No. 39, 1867) reports a case of severe chorea, in which the agitation disappeared rapidly after the application of pulverised ether to the skin over the spine, particularly in the cervical region. Two pulverizations, each lasting for ten minutes, were applied, and followed in a short time by a permanent cure.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 576, London, 1873) says, in simple uncomplicated cases of chorea, arsenic is by far the best remedy.

M. WENZ (*Aerztliches Literaturblatt*, No. 7, 1871) determined to try what influence the local production of anæsthesia would have upon a patient that came under his care, suffering from chorea of the right side. He ac-

cordingly directed an ether spray apparatus upon the spine, moving it slowly up and down till the skin was quite white. The girl passed into a cataleptic condition, with loss of consciousness. The quantity of ether used on the first occasion was about an ounce and a half, and the operation was repeated on several successive days, but with about half the quantity. The chorea entirely disappeared, and by further remedial measures, directed to restraining the loss of blood, to which the disease was primarily attributable, a relapse was presented.

Dr. W. F. WADE (*British Medical Journal*, December 28, 1872) gives the patient a sufficiency of good plain wholesome food; keeps her in bed, in order that the muscular and nervous systems may have the greatest attainable repose, and thus prevent wear and tear. This also secures a uniform warm temperature. He prescribes two tablespoonfuls of compound decoction of aloes twice or thrice a day if there is constipation. This is all that is necessary in many cases; but if improvement is not going on satisfactorily, he gives sulphate of zinc in doses of two or three grains three times a day in water, and increases the dose until each dose produces slight nausea. Smaller doses than these are inoperative, and it is surprising sometimes what large doses are required before the practical test is produced.

Dr. AITKEN (*Science and Practice of Medicine*, 3 vols. 6th edit. London, 1872) says the indications of cure are: (1) To remove, if possible, all morbid states of the body which may tend to aggravate the disease, such as constipation, anæmia, amenorrhœa, worms. (2) By well-regulated purgative medicines to subdue any cerebral congestion. (3) To sustain the strength and improve the vigour of the nervous system by tonic and stimulant medicines, by food, and by the cold bath.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 6th edit. London, 1871) has found, of all

the remedies he has tried, the extract of cannabis Indica the most satisfactory. It should be given in doses of one-fourth of a grain thrice daily, subsequently increased to half a grain combined with one grain doses of nitrate of silver in a draught containing eight drops of dilute nitric acid.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) prescribes ferruginous preparations when the disease has been preceded by symptoms of anæmia and hydræmia. When the patient has suffered from rheumatism, the sulphur-baths (as recommended by *Baudeloque*), an ounce of sulphuret of potassium to twelve gallons of water, in which the patient is to spend an hour at a time, are as much to be recommended as are the chalybeates, when there is anæmia. Where worms are known to exist in the intestine, the treatment may be commenced by a dose of santonin or other anthelmintic. Whenever the vertebræ are sensitive to pressure, a few leeches or cups may be applied by the side of the spine, to be followed by counter-irritants. Cold affusion upon the back seems to be of decided benefit in some cases, especially in cases of long standing, although it sometimes aggravates the disease. The inhalation of chloroform is an excellent palliative for the severer forms. *Benedikt* declares that 'out of more than twenty cases of chorea, treated by him by the constant galvanic current, not one has failed to recover.' The current which he employs is just strong enough for the patient to feel it distinctly, and he applies it along the spine, the patient standing erect. Painful currents aggravate the symptoms. During convalescence we should endeavour to teach the patient, by a systematic and humane system of discipline, to resist the involuntary motions by the force of his will.

Colic.—Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) first of all gets the bowels to act by administering a large dose of calomel and jalap ;

two or three hours subsequently placing the patient in a warm bath, and injecting part of the water into the bowels. Should these means fail, an ounce of castor-oil must be given, or a full dose of sulphate of magnesia with sulphuric acid. Afterwards opium to remove pain; only farinaceous food should be allowed, and the patient should be purged for a few days by the sulphate of magnesia given every morning. In severe lead colic, when the bowels have been acted upon, the iodide of potassium should be administered, and a hot sulphur-bath may be ordered.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. 1867), in mild cases, procures relief by applying warmth to the abdomen and extremities; a little spirit, not largely diluted with hot water; some aromatic stimulants such as anise, ginger, cloves, mint, &c.; or a few drops of chloroform. In severe cases twenty drops of chloroform repeated at short intervals, or opium per rectum. The diet for a day or two should be simple and restricted. For *lead colic* the same remedies, with the addition of drastic purgatives and purgative enemata. Sulphuric acid, nuxvomica, and the iodide of potassium, are supposed to have a curative efficacy in this affection.

Dr. PAVY (*Digestion and its Diseases*, pp. 217, London, 1867) says the treatment of colic must be regulated by what is found or believed to be its existing cause; but purgatives, anodynes, narcotics, and antispasmodics, administered by the mouth or used as enemata, are the medicinal agents that will have to be selected from, according to the circumstances of the case. Friction, with stimulating liniments, hot fomentations, medicated and simple, and the mustard-poultice or turpentine stupe, applied to the abdomen, or the warm bath, often assist materially the other measures adopted.

Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872), when the bowels are confined, immediately administers five grains of calomel, fifteen

grains of jalap, and one grain of opium; followed by a mixture of mag. sulph. ʒj, tinct. hyoscyami m.xv, tinct. cardamom ʒj, c. mist. camph.; repeated every five or six hours until stools are obtained. In mild cases milder purgatives may be given. Enemata often give immediate relief. Externally, large bags filled with hot camomile-flowers, or heated sand, or the stomach-warmer, or warm bath, fomentations, or a large linseed or mustard-poultice, are useful. The diet should be sago or arrowroot with a little brandy, and for some time after the attack limited to fish and puddings.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) is of opinion that in all forms of the affection opium is the most effectual remedy, especially in relieving the constipation in lead-colic. Laxatives, or even croton-oil, may be combined in some cases with the opium. Warm baths, narcotic cataplasms, and the alternate use of laxative and narcotic enemata, aid the treatment. In colica flatulenta and stercoracea, warm teas of camomile, peppermint, and valerian, may be drunk or used as enemata. Long and continued friction of the abdomen with warm oil is also recommended.

Constipation.—Dr. KING CHAMBERS (*The Indigestions*, pp. 293, London, 1867) recommends in simple constipation the free use of cold water enemata, and a long-continued course of quinine and strychnine. When there are no piles, aloes may be given in addition. Oleaginous articles of diet should be taken with the usual food. When there is much flatulence with the constipation, turpentine and rue may be added to the enemata.

Dr. ISNARD (*Marseille Médical*, 1872) states that many other physicians besides himself have observed that arsenic excites the appetite and improves the digestion, and facilitates the action of the bowels, but he is not aware that it has been methodically applied for the relief of constipation. Besides (1) improving the appetite, it (2) excites

the muscular action of the intestines, and (3) it augments the secretions of the alimentary mucous membrane. It is particularly useful in the constipation of debilitated and anæmic females, sedentary persons, and old people. He administers arsenious acid in the dose of six to ten milligrammes, twice or thrice a day, with food.

Dr. JOSEPH MORRIS (*Lancet*, February 8, 1873) reports a case of most obstinate constipation relieved by a suppository of two grains of the extract of belladonna passed up the rectum.

The Rev. DAVID BELL, M.D. (*British Medical Journal*, September 14, 1870) states that during the time when he was in practice as a physician, he met with many cases of irregular and slow action of the bowels with prolonged constipation. He found the following to produce uniformly good results without inconvenience:—℞ aloes socotrinæ, extract. hyoscyami, āā gr.xij, quin. disulph. gr.iv, ferri. sulph. gr.iv. To be well mixed and divided into twelve pills. One to be taken in the afternoon between four and six.

Prof. ARMOR (*American Practitioner*) has been in the habit of using stramonium in the form of suppository, and is pleased with the results. Half or three parts of a grain of the extract may be combined with a sufficient quantity of cocoa-butter. It is admirably adapted to obstinate constipation of nervous females, who suffer at the same time from pelvic irritations from various causes. It quiets the irritation of the uterus and bladder, calms and settles the nervous system, allays irritative actions generally, and permits the patient to sleep. To give permanency, however, to its effects, its use may be accompanied or followed by small doses of nux vomica, or a dinner pill composed of nux vomica and aloes.

Dr. STILLÉ (*Therapeutics and Materia Medica*, 2 vols. Philadelphia, 1868) thinks, as a purgative simply to overcome constipation, aloes is, perhaps, the best of its class.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia) says the treatment involves management as well as medicine. It is well to have a regular time to endeavour to empty the rectum. Straining is not beneficial, but defecation may be facilitated by kneading the lower half of the abdomen. In diet, fresh and stewed fruits, prunes, &c., are the best natural laxatives. Bran bread is somewhat of a peristaltic persuader. Of medicines, simple rhubarb, or pills of rhubarb and Castile soap; afterwards pedophyllin, colocynth, aloes, &c., if needed for especial torpor. Better than to take medicine every day will be the use sometimes of enemata, or a suppository of soap. Where the torpor of the rectum approaches a paralytic state of the muscular coat, nux vomica will be very important. The addition of belladonna to laxative pills is a not uncommon practice. Electricity may assist in relieving the same condition.

Dr. WILSON FOX (*Diseases of the Stomach*, pp. 236, London, 1872) is of opinion rhubarb and aloes combined with small doses of nux vomica are to be preferred to all other medicines. When acidity and flatulent spasms exist together with the constipation, antacids, and especially the magnesia usta, or magnesiæ carbonas, in combination with tinct. rhei and aromatics, may be employed with advantage. In severer cases, and especially in the gouty flatulency of elderly people or of females at the climacteric period, assafoetida, either with aloes or in the form of the compound galbanum pill, is frequently of considerable service. If the flatus exists in the stomach, large draughts of warm water sometimes prove efficacious in promoting its expulsion by eructation; while tympanitic distension of the bowels may be relieved by enemata containing turpentine, assafoetida, oleum rutæ, or sometimes by infusion of camomile. In some cases of atonic dyspepsia charcoal is of service.

Consumption.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) advises in the early stage migration to an exotic climate; but in an advanced stage of the disease, if the lungs are rapidly undergoing disorganization, and there is a corresponding amount of general suffering, no benefit, but, on the contrary, much inconvenience and useless expense and inevitable disappointment, will be incurred by change of place. In selecting a place of residence, the special temperament of the individual patient must be taken into account—the great desideratum is air that is both dry and moderately warm. The diet should be as sustaining and nutritious as the patient can take or bear. Milk, when easily digested, furnishes a most valuable nutrient. As to exercise, the patient should be encouraged to take it in the open air, and at suitable times. Riding on horseback, gestation in a carriage or in a boat, have been strongly counselled in the earlier periods of the disease. Of drugs, cod-liver oil bears away the palm; it should be given at first in small doses, a teaspoonful twice or thrice daily, gradually increased into a dessert-spoonful, and finally into a tablespoonful, taken at bed-time, and as soon after each of the two principal meals of the day. Counter-irritation is often of essential service for encountering local symptoms—mustard-poultices, or a succession of small blisters, or friction with a liniment, or, best of all, perhaps, painting the part from time to time with the tinctura iodi. For the nocturnal perspiration—if the bowels are costive—sulphuric acid may be freely given; but when the bowels are irritable, we must have recourse to sponging the surface of the body at bed-time with tepid vinegar and water, using twice as much water as vinegar. If the bowels are purged, the compound kino-powder will be found an admirable medicine. Iron also exercises a marked influence over the hectic fever—the tincture of the perchloride, steel wine, the ammonio-citrate of iron,

the syrup of its iodide, are all good and eligible forms. For the cough, and for the diarrhœa which is so seldom absent in the latter periods of phthisis, opium is our sheet-anchor. Where the diarrhœa is very obstinate, a pill composed of a quarter of a grain of the sulphate of copper and the same quantity of opium will often answer well; or the injection of a small quantity of starch, as much as the rectum will receive and retain, with ten or twenty drops of laudanum.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends, whenever considerable pyrexia exists in the evening, all duty applications should be given up, strict rest, equable temperature, application of poultices to the chest, moderate action of the skin maintained, digitalis and quinine to reduce the temperature. He is opposed to the use of so-called 'cough-medicines,' antimony, ipecacuanha, and squills especially; also mercury, purgatives, and neutral salts. If pyrexia does not exist, one of the best tonics is the syrup of iron, quinia, and strychnia, given in very small doses at first, and followed up by the use of cod-liver oil, to every two drachms of which ten, fifteen, or twenty minims of ether are to be added. Milk, if possible warm from the cow, ought to be taken frequently. Extract of meat, meats rich in osmazone and roasted; full-bodied wines and malt liquors; broth made of coarse and brown rye meal; beef, mutton, or other flesh meat boiled, to make a soup, are all highly spoken of. To allay cough, opium. Hand-rubbing the skin is an excellent tonic.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that delicate children, especially such as are born of consumptive or otherwise decrepit parents, should be confided to good wet-nurses. After weaning the child its diet should consist almost exclusively of cow's milk, instead of 'pap;' and after 'it

has done teething a little meat should be given. A proper supply of fresh air is of equal importance, and on no account should the child be allowed to sit, day after day, hours at a time, upon the benches of a crowded school-room. In adults, when the signs of delicacy and weakness, combined with deterioration of the blood, appear, ferruginous preparations are to be recommended, particularly the chalybeate springs of Pyrmont, Driburg, Inmau, &c. Prophylactic treatment further demands a careful avoidance of all agents calculated to cause hyperæmia of the lungs and bronchial catarrh. For patients who are unable to go to Algiers, Cairo, or Madeira, or to seek a milder climate, the use of a respirator is advisable. When the irritation of the air-vesicles by acute catarrh, or the rapid spreading of a catarrhal pneumonia, is accompanied by violent symptoms, when high fever sets in, when the sputa becomes bloody, and the patient complains of lancinating pain upon drawing breath, and upon coughing, local depletion by means of leeches or cups, and the application of cataplasms, should be resorted to. The patient must remain in bed until all symptoms of the acute attack be past. The use of the alkaline muriate mineral waters is useful in some cases. A continued abode in elevated regions, where, without any apparent reason, consumption is rare, is also advisable for consumptives, when their disease depends upon chronic pneumonia. For the fever, which is the symptom that principally demands treatment, digitalis and quinine have a well-merited reputation. The patient should take the richest possible diet that will agree with him. Dr. Niemeyer often orders his patients to drink a pint of milk, 'warm from the cow,' three times a day. Goats' milk, but above all, asses' milk, is in especial repute. Cod-liver oil is also commended, and, when it agrees well with the patient, may be combined with plenty of milk. Good effects may be obtained from an extract of malt, prepared by Tronnuer,

which is far superior to Hoff's malt extract. Broth, made of coarsely-broken rye-meal; soup of lentils and bean-meal, as well as chocolate or cocoa, are also appropriate. For the cough, the extract of *lactucaria virosa*, gr.ss to gr.j, in the powder, or in the form of syrup; and later, opium. It is advisable not to commence using narcotics too soon. When the narcotics are not tolerated by the stomach, they must be injected subcutaneously. For the night-sweats, small doses of 'Haller's acid,' or a cup of cold sage-tea, if the antipyretic treatment fails to do good.

Dr. ISNARD (*Bulletin Générale de Thérapeutique*, Dec. 30, 1869) considers that arsenic, by its regenerative action on our tissues and functions, is well adapted to remedy the organic disturbance which engenders phthisis, and that it impresses on the economy a vitality which is superior to, and incompatible with, the development of tubercle, and thus renders the soil unfit for its reproduction. The general conclusion drawn by Dr. Isnard as to the action of arsenic in phthisis is, that by its local and general action, at once curative and preservative, it influences at once the capillary system and the different tissues, affecting both the lungs and the whole economy. It does not attack the tubercle directly and specifically, like a parasiticide, but directs its action to the elements and tissues which remain actually or relatively healthy.

Dr. NONAT (*Lancet*, March 26, 1870), in summing up the practical results of his experience of arsenic, says that good effects, in hospital, have been the exception in patients in whom the disease has attained an advanced stage; but in civil or town practice, where the physician is consulted at an earlier period, the results have been good in a large number of cases.

Dr. THOROWGOOD (*Medical Times and Gazette*, March 6, 1868) lays a good deal of stress on a dry and bracing atmosphere, and on avoiding all places reputed damp or relaxing. Among medicines, the hypophosphite of lime is

highly commended. Iron is useful where there is obvious anæmia. The pancreatic emulsion he has used in a few cases with advantage.

Dr. MARCET (*Practitioner*, November 1868) reports favourably of the use, by inhalation, of carbolic acid, one or two grains to the ounce of water.

Dr. VAN DEN CORPUT (*Medical Times and Gazette*, November 26, 1870) gives, with asserted advantage, boluses of cod-liver oil saponified by hydrate of lime.

Dr. HERMANN WEBER (*British Medical Journal*, July 20, 1867) asserts, upon experience, that prolonged residence in elevated localities is curative of phthisis.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. 1867) ranks out-door life and exercise far above any known remedies for the cure of this disease.

M. FUSTER, in a paper presented to the Paris Academy of Sciences, states that the exhibition of raw beef and mutton, and of alcohol in doses varying according to circumstances, arrests the progress of pulmonary phthisis. Under the influence of this mode of treatment strength is restored, the countenance recovers its animation, appetite returns, and the patient gains flesh—a fact of which conclusive evidence is afforded by the increase of weight. This general treatment of the system, aided by appropriate treatment of the leading symptoms, checks the hectic fever, diarrhœa and night-sweats. When these complications have yielded, amendment of the local condition of the lungs, or rather diseased organs, sets in, and the advance of cicatrization can be ascertained by percussion and auscultation. The efficacy of the treatment is not, however, equal in all stages of the disease in question. In the third stage the improvement in general is confined to a prolongation of life, the inevitable issue being merely postponed.

Dr. A. MALET, of Rio de Janeiro (*Bull. Générale de Thérapéutique*, August 30, 1868), says that the iodide of

calcium awakens the appetite, regulates the digestion, renders the respiration freer and deeper, diminishes the cough and modifies the expectoration, increases the strength and lessens the perspiration. He gives it in a simple aqueous solution, at meal-times. Not more than eight grains of the salt should be given (in divided doses) during the day.

Dr. THEOPHILUS THOMPSON (*Med. Chir. Trans.* vol. xvii.) advocates the use of ozonized cod-liver oil, and states, as the result of his experience, that the force and frequency of the circulation are subdued through its agency, and inflammatory action therefore averted.

Dr. DOBELL (*On Tuberculosis*, 2d edit. London, 1870) states that the constitutional disturbance so remarkable in consumption is due to the imperfect assimilation of fatty matters consequent on defective action of the pancreas, and he proposes to remedy this deficiency by the administration of pancreatine, either alone or in combination with fatty matters, in the form of emulsion.

Dr. B. W. FOSTER has proposed the addition of ether to cod-liver oil, to promote its digestion by the pancreatic secretion.

Dr. BRACHATTI (*Gaz. Med. delle Provincie Venete*) prescribes iodide of mercury, combined with oxymel of squills, in the various stages of phthisis. The usual dose of the salt is one-sixth of a grain for an adult; for children he uses it in the shape of pills; one-fourth of a grain is divided into eight pills, and one or several pills are administered, according to age.

Croup.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends bleeding when the patient is strong and plethoric, and seen in the outset of the disease. Full vomiting sometimes affords great relief; the former should precede the emetic. Antimony should be given in half-grain doses, in a tablespoonful of water, to a child two or three years old, every

half-hour, till sickness and vomiting ensue. When it causes pallor and a sinking of the pulse, stop, and suffer the heart to recover itself. If, with the rallying circulation, the difficulty of breathing return, have recourse again to the same remedy. When faintness and collapse occur, a few drops of sal volatile, or a little brandy mixed with water, should be given. If no ground be gained after two or three repetitions of the emetic treatment, then it may be well to make trial of the calomel plan. Tracheotomy may be performed as a *dernier ressort*.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) advises the warm-bath and hot water to the under part of the body, with sinapisms to the extremities, purgative enemata, cold affusion to the head and face; slapping the chest and nates with a wet and cold cloth; exposure to a sudden current of cold air; movements of the arms for artificial respiration, taking care to draw the tongue forwards; the vapour of ether or ammonia applied to the nostrils; and, as a last resource, tracheotomy. During the intervals of paroxysm a purgative is generally called for; belladonna, to the extent of $\frac{1}{6}$ th of a grain, thrice daily, combined with bromide of potassium or of ammonium; sinapisms and liniments to the spine.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) applies leeches over the throat only when croupous patches are visible on the fauces, cold compresses frequently changed, a clyster when the bowels are confined; the best is a cold one, of three parts water and one of vinegar, an active emetic if the dyspepsia increase or the respiration be impeded; a solution of nitrate of silver, at intervals of several hours, to the entrance to the glottis. He gives half a grain of calomel every two hours, keeps the temperature of the room uniform, and the air moist by means of open vessels of water. The paralytic symptoms due to blood-poisoning

by carbonic acid should be relieved by pouring cold water upon the child while in a warm bath. Other stimulants, such as camphor or musk, are much less effective, and ought not to be employed save when insuperable objections are raised to the cold affusion. They should be given in large doses, immediately prior to the emetic. (℞ camphor gr.x, ether acet. ʒiij; m.s.; gtt.x-xv every quarter of an hour. ℞ moschi gr.iv. sacch. alb ʒj; m. div. in ch.vj; s. a powder every hour or half-hour.) Sinapisms to the calves of the legs and soles of the feet, repeated bathing of the hands and arms in water as hot as the child can bear; the use of 'flying blisters' to the neck and chest are also recommended. In order to accelerate the action of the latter, *Bretonneau* advises that the plaster be smeared with a solution of cantharadin in oil, and covered with blotting-paper before application.

Dr. HOBART BURGE (*New York Medical Record*, July 1870) states that emetics and nauseants, as a rule, do harm. The only exceptions he would make to this rule are that ipecacuanha may be given in a single emetic dose, when the stomach is full, particularly if indigestible food has just been taken; and sulphate of zinc or sulphate of copper, or some other non-depressing emetic, when death threatens from simple laryngeal obstruction, and when there seems reason to hope that the false membrane may be detached and thrown off by its mechanical action. Bromide of potassium, four to twenty grains, and repeated every six hours, may be given to quiet spasmodic action. One half to one teaspoonful of liquor calcis may be given every hour or every half-hour. The patient may be allowed to inhale the vapour of slacking lime and carbolic acid. He should have an enema of strong hop-tea at least twice a day; if costive, one or two teaspoonsful of table-salt may be added. Hop-tea is chosen on account of its sedative and antispasmodic influence. Dr. Burge avoids cathartics, because of their disturbing and debilitating

effects. Externally some gently stimulating and anodyne liniment should be used; the linimentum saponis slightly ammoniated ʒij , tinct. rad. aconite ʒss . Apply this with a camel-hair brush. Iodine or turpentine may be substituted for the liniment. The diet should be meat, broths, and milk, or milk punch and wine whey. Water *ad libitum*.

Dr. DAGUILLON (*Gazette Hebdomadaire*, Nov. 30, 1870) says that in cases marked by suffocation, imminent asphyxia, a low pulse, and absence of vomiting after the administration of an emetic, whether there be diphtheritic patches at the back of the throat or not, an energetic treatment is indicated. He takes a piece of sponge of the size of an almond, soaked in liquor ammoniæ and fixed upon a piece of wire, which he holds in the space between the tonsils, taking care not to touch those bodies. The sponge impregnated with ammonia he makes the child respire for a time sufficient for the effect of the vapour to become sensible in the countenance. A glass of water kept close at hand then serves for washing out the parts at the back of the mouth. These inspirations are repeated three times at short intervals. The subsequent treatment consists in making the child gargle its throat with a solution of chlorate of potash, and applying belladonna ointment, mixed with hydrochlorate of ammonia, to the back of the neck.

Dr. KIEFFER (*Chicago Medical Journal*, Sept. 1871) cannot regard the bromide of potassium as a *solvent*, so to speak, of false membrane; but he does believe that just in proportion as it is a *sedative* to the cerebro-spinal system directly, so it is a stimulant, indirectly, to the nerve-filaments and circulation of the throat; and as the inflammation in membranous croup is usually, if not always, of the asthenic character, it has the power, by its specific action, of equalizing the circulation and arresting the

fibro-albuminous deposit. And when the disease is not too severe, or has not progressed far, the system thus, by its own inherent power, will be equal to the task of repairing the evil. His combination is as follows for an infant:—℞ bromide of potassium gr.xx, chlorate of potassa gr.x, ipecac. gr.i, ext. of liquorice ʒss, water f. ʒiiss; m.s. A teaspoonful every hour.

Dr. FEYREIGNE (*Lancet* Jan. 16, 1869) speaks in most laudatory terms of sulphur given internally.

Dr. THOMAS INMAN (*Liverpool Medical and Surgical Report*, May 1868), has arrived at the following conclusions:—1. In slight cases no medicaments are necessary, but moist air and local warmth suffice; talking and laughing are to be deprecated so long as the laryngeal muscles are irritable; fever may be subdued by the free use of oil to the skin. 2. In more severe cases an emetic of ipecacuanha will relax the mucous membrane, and thus put an end to that distressing dry stage with which those who suffer from catarrh are so familiar. 3. To reduce the irritability of the laryngeal muscles opiates may be used both locally and generally. 4. We must next endeavour to remove, as far as possible, every irritant from the sensitive spot, and to effect this every breath which is inhaled should be of the temperature of the body, and moist as is the human breath. 5. Such symptoms as thirst and feverishness may be met by any drink the patient selects; it is certain that under such circumstances a child will neither select spirits, wine, or ale. 6. The occasional inhalation of chloroform may be adopted if the patient when first seen is in a very low condition.

Dr. B. F. BARKER (*American Journal of Obstetrics*, May 1870) employs tinct. verati. virid. in one or two-drop doses, sometimes combined with carbonate of ammonia, and followed by large doses of quinine in severe cases.

Dr. J. S. COHEN (*Diseases of the Throat*, pp. 582, New

York, 1873) relies principally upon nourishing diet and tonic treatment, with the free use of steam; and, in the severer cases, upon stimulation with alcohol and carbonate of ammonia, and upon the inhalation of the vapour of lime. When an emetic seems to be indicated, he employs alum.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869), does not advise the abstraction of blood, nor large doses of tartar emetic or mercury. In the early stage hot fomentations to the throat will do great good, but if much benefit is not quickly apparent emetics may be administered. If the heat of the body is above the normal standard, a warm bath will lessen it. If the disease advances notwithstanding these measures, Dr. Tanner resorts to the use of the iodidi of potassium combined with assafoetida. \mathfrak{R} potassii iodidi gr.vj, tinct. hydrociami. m.x, tinct. assafoetidæ ʒiss, decocti senegæ ad ʒiss; misce capiat cochleare parvum quartâ quâque horâ, for a child about two years old. In order to prevent the formation of false membranes, half a drachm, or even a drachm, of the unguentum hydragryi should be gently rubbed in every four or six hours from the commencement of the severe symptoms. In the latter stages of the disease beef-tea, wine, and ammonia should be given. Tracheotomy at the last.

Dr. ROBERT JORDAN (*Medical Times and Gazette*, August 31, 1872) recommends that the child should at once be placed in a warm room (70° Fah.) without draughts, the air of which is as far as possible saturated with watery vapour. A linseed-meal poultice to the throat is an important adjuvant. An emetic of ipecacuanha should then be given and repeated every twenty minutes or half an hour, until not only copious vomiting, but copious perspiration, is induced. The cough becoming looser is an excellent symptom. In addition to the ipecacuanha a very good prescription is a powder with calomel gr. $\frac{1}{4}$,

compound ipecacuanha powder gr. $\frac{1}{4}$, and chlorate of potash gr.ijj, every half-hour or hour, according to the severity of the symptoms. Dr. Jordan would postpone tracheotomy as long as can be done consistently with safety.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) begins the treatment of a case of inflammatory croup with a saline purgative, then an emetic of ipecacuanha, which may have to be repeated. Leeching, and even venesection, will be useful in a robust subject, if seen early. Between the times of emesis there may be prescribed one grain of calomel with five grains of nitrate of potash every two hours, in urgent cases every hour. In children over three years of age $\frac{1}{32}$ to $\frac{1}{16}$ grain of tartar emetic may be added. The warm bath, prolonged, may be used once or twice daily. Hot compresses, or cloths wrung out of cold water (which soon becomes warm when applied), may be applied to the throat, but a blister should follow in a severe case. Inhalation of steam from lime or lactic acid should be tried, early as well as late. Alum must be added to ipecacuanha if relief be delayed. Nitrate of silver, sponging, and tracheotomy, are the last resorts.

Cyanosis.—Dr. WALSHE (*Diseases of the Heart and Great Vessels*, 4th edit. pp. 582, London, 1873) says the treatment of a case of cyanosis resolves itself into the prevention, as far as possible, of paroxysms of dyspnœa and palpitation. Tranquillity of the circulation, by the avoidance of all emotional excitement; mental or bodily, and of all conditions likely to congest the lungs, the liver, and the abdominal organs, is to be aimed at; the temperature of the skin maintained by warm clothing, moderate exercise, and friction; and that of the body generally raised, if the stomach be not disordered thereby, by the free consumption of oil, fat, gum, and other aliments of respiration. Alcholic fluids are very injurious.

Where this is attainable, a warm dry climate should be resorted to.

Cynanche Parotidæa.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends the observance of the antiphlogistic regimen; mild diaphoretics; laxative medicines if the head should ache or the bowels are confined; and warm fomentations, or dry warm flannel, to the neck and throat. If suppuration should ensue, poultices should be substituted for the fomentations.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) employs similar remedies to the above.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends constant hot fomentations (after leeching, in severe cases) to the swollen parts; saline cathartics, absolute rest, and a farinaceous diet. No irritating applications ought to be applied to the swollen glands.

Dr. RECORD (*Cincinnati Lancet and Observer*, July 1872) advises his patients to go about their usual avocations as if nothing was wrong. If there is great pain in the head, in the later stages, a blister is indispensable. Where there is much fever he prescribes sedative diaphoretics, and uses fomentations. These, however, he regards as mere placebos, and places his chief reliance on temperature. In every case, without a single exception, where this was administered, the disease was shortened, and the patients happy and comfortable in from twelve to thirty-six hours.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) keeps the patient in his chamber on a low diet, covers the swelling with wadding or a spice-bag, and in some cases prescribes an emetic or laxative. If hardness and greater sensibility of the swelling, with increase of the fever, excite fears of suppu-

ration, he recommends a few leeches. If we find fluctuation, we should apply cataplasms, and open the abscess early, to prevent further destruction of the parotid, or perforation of the pus into the external auditory meatus. In symptomatic parotitis even local blood-letting is badly borne, on account of the severity of the original disease. If the swelling be red, and the patient winces when we press on the tumour, we should apply compresses of cold water or ice. When there is fluctuation, warm poultices and early opening of the abscess are indicated.

Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) recommends fomentations with a flannel wrung out of poppy and camomile lotion, and a linseed-meal poultice applied occasionally. Laxatives, a dose of calomel and jalap at the commencement. Leeches are unnecessary, except metastasis to the brain occurs, when a few may be applied to the temples; the feet must be put into mustard pediluvia, and a brisk aperient given every three or four hours. Should the testicles or mammæ be attacked, they will require the same treatment in the way of purgatives, derivatives and fomentations.

Cynanche Tonsillaris.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) says the patient should be kept within doors, and even in bed. Cooling saline purgatives will be proper, and what is called a slop diet. A strip of flannel may be put round the neck, or linseed-meal poultices may be applied to the exterior of the throat, beneath the ramus of the jaw. In the very outset it may be cut short by an emetic: a scruple of ipecacuanha, for example, with a grain of tartarised antimony. The only gargle admissible in the commencement of the malady is warm milk and water. At later stages of the disease detergent gargles are serviceable; a weak solution of chlorine in water answers well. In some chronic sore throats, stimulating gargles

are better than anything else, or a local application, as the steam of hot water. Whenever the patient experiences any difficulty of breathing, the tonsils should be pierced with a lancet.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) speaks highly of guaiacum in the form of lozenges in the early period of an attack. In addition, ice sucked constantly is often grateful to the patient. In other cases relief is experienced by holding hot water in the mouth, and by the inhalation of hot steam, combined with sedatives—such as benzoin or conium. Externally a mustard-poultice should be first applied, and afterwards linseed-poultices. If suppuration has commenced, great relief will be afforded by puncturing the abscess.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends a few doses of some cooling saline purgative and hot fomentations, or linseed-meal poultices to the throat. Steam of hot water to the fauces, blistering the outside of the throat, or the application of stimulating embrocations—as the compound camphor liniment—will be useful in some obstinate cases. Guaiacum in large doses has been recommended as a specific in quinsy, but Dr. Tanner has never found it of much service.

Mr. JOSEPH BELL strongly recommends the internal administration of powdered guaiacum—half a drachm suspended by means of mucilage, in a draught, every six hours, in large doses—as being almost specific in the cure of cynanche tonsillaris.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 576, London, 1873) says the visible effects of aconite on inflamed tonsils, &c., are conspicuous. It should be given at the very beginning of the disease. Half a drop or a drop of the tincture, in a teaspoonful of water, every ten minutes or a quarter of an hour for two hours, and after-

wards hourly; and if there is much prostration, with feeble and weak pulse, a still smaller dose.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) recommends rest in a warm room, steam inhalations, and gargles of lukewarm water, or milk and water, to which a little Condyl's fluid may be added. Hot and well-made linseed-meal poultices round the front of the neck, changed at frequent intervals; or *spongio piline*, wrung out of hot water; internally, saline drinks and quinine. The bowels must be kept open throughout. A considerable quantity of liquid, nutritious food, should be taken at regular and frequent intervals. Sucking of ice is very grateful, and probably has a direct effect on the inflamed tonsils. Stimulants are often called for, and port wine is best; five, six, or eight ounces, may be given in twenty-four hours. It is often necessary to administer a dose of Dover's powder at night, but it is not advisable that sleep should be too prolonged, and the patient must lie with his head high. Should breathing be greatly impaired, it may be requisite to puncture the tonsils, even though there is no distinct evidence of pus.

Dr. HANDFIELD JONES (*Lancet*, January 7, 1871), in speaking of belladonna as a remedy in severe simple tonsillitis, considers that this medication is more appropriate where the tonsils are acutely inflamed than in those cases where there is general inflammation of the fauces, without special affection of the tonsils. In the latter case he thinks that either iodide of potassium, or the solution of sesqui-chloride of iron, according to the quality and stage of the inflammation, is preferable; and though he often combines with the belladonna a little quinine or sulphate of magnesia, or an emetic, according to the indications of the case, and sometimes the use of steam, or a blister applied externally to the neck, he feels justified in maintaining that the success which he has obtained in the treatment of these cases is not to be attributed so much

to these auxiliary measures as to the belladonna. He always gives directions that the administration of the remedy shall be slackened as soon as the throat symptoms are materially relieved, or on the production of any toxic effect. Dr. Jones does not pretend to decide whether the remedy operates by producing constriction of the arteries, or by a direct sedative effect on the elements of the affected tissue; but he proposes that, if further observation should confirm its value in acute tonsillitis, the patient should be saved the regularly recurring pain of swallowing doses of medicine by reducing the preparation of the drug to the smallest possible bulk, or by injecting it subcutaneously in the form of atropine.

Dr. HARTSHORNE (*Essentials of Practical Medecine*, 3rd edit. pp. 487, Philadelphia 1871) gives the first day a dose of citrate or sulphate of magnesia; then wine of ipecac. (twenty drops every three hours), frequent draughts of flax-seed tea or flax-seed lemonade. If the swelling chest and pain of the throat are great, twenty to forty leeches should be applied. Then poultice; bathing, when the poultice is changed, with liniment of ammonia or soap liniment. If still severe, and not certainly suppurating, a small blister may be applied, or the part may be painted with tincture of iodine.

Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) says it is often possible to avert an attack by a timely emetic and purgative, the inhalation of sulphurous acids, and a sinapism to the throat. When the inflammation is more advanced, inhalations of steam, impregnated with poppy vapour or other anodyne, will be useful in allaying pain. Linseed-meal poultices should be applied externally, the bowels should be kept gently open, and the mouth washed with a solution of chlorate of potash ʒj to ʒviij, to which two or three drachms of tinct. kino may be added. Internally Dr. Ellis gives chlorate of potash in ten-grain doses, occasionally adding half a grain

of iodide of potassium to each dose, in preference to hydrochlorate of ammonia and guaiacum. Blisters are of little service, and should always be avoided in children's diseases when practicable. When the abscess has broken, warm water should be used to rinse out the wound; warm poultices, frequently changed, outside; the strength should be maintained throughout with light nutritious diet. Stimulants should not be allowed till the abscess heals, when port wine is best. Sometimes it may be necessary to open the abscess; generally it is better practice not to do so. For chronic enlargement of the tonsils Dr. Ellis knows of no application so valuable as tincture of iodine. In cases in which the disease will not yield to iodine, excision of a portion of the glands must be thought of.

Delirium Tremens.—Dr. MURCHISON (*Lancet*, Oct. 29, 1869) brings several cases under notice, more especially in reference to the vexed question of treatment. In all cases it is well that the patient should have as much nutritious food as he can digest. In many cases opium acts like a charm in speedily putting an end to the disease, while in others it entirely fails. Whenever the urine contains albumen as the result of recent congestion, or old disease of the kidneys, the drug is almost certain to fail, and even prove injurious. When the urine is free from albumen, opium may be given without fear. It is best to commence with a full dose, and give a smaller dose every three hours afterwards, until sleep ensues. When the skin is dry, or the patient much excited, the opium may be combined with antimony. Digitalis is indicated in cases where the urine is scanty or contains albumen, or where the patient is very excited. It acts mainly in virtue of its sedative, and yet tonic, influence over the organs of circulation; it also assists in the removal of deleterious matters from the blood. From fifteen to thirty minims of the tincture may be given, with or without carbonate

of ammonia, every four hours. Hydrate of chloral is particularly applicable in those cases where opium is contra-indicated. The best way to give it is in doses of half a drachm every two or three hours until sleep results. The first action of the drug is exciting rather than sedative, but a second dose will often produce the desired sleep. Solid food must be substituted for alcoholic stimulants as soon as possible. For this end it may be necessary, in the first place, to remove congestion of the stomach and liver by counter-irritation, aperients, bismuth, &c. ; and when the stomach is in a quiet state, the appetite may be stimulated by the mineral acids, quinine, and other bitter tonics. In private practice, where it is sometimes impossible to cut off stimulants to the desired extent, it is a good rule to insist that they shall never be taken unless with solid food.

Dr. WILKS (*Medical Times and Gazette*, Sept. 19, 1868) has seen enough of the sedative effects of the wet sheet to fully believe the statements which have been made as to its efficacy. The patient should be stripped naked, a wet sheet rolled around him until he looks like a mummy, then a blanket around this again. In many cases of delirious excitement, it will be seen that, as soon as a hot vapour surrounds the patient, he sinks into a quiet sleep. When digitalis was first proposed, the author gave it to a man in large doses, and he having unfortunately died, Dr. Wilks has never felt himself justified in administering it again.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London 1872) is of opinion that the two most fatal errors which can be committed in the treatment of delirium tremens are either to bleed the patient or to give him opiates. The strength must be supported by diet of the most nutritious kind, and arrangements should be made so that the patient does not catch cold. Chloral may be given to produce sleep. In some cases purgative remedies are indicated from the first.

Dr. R. D. LYONS (*British Medical Journal*, Nov. 7, 1868) has found, in a very considerable number of cases, that a single dose of capsicum—twenty to thirty grains, according to the urgency of the symptoms—suffices to produce rest, sleep, and consciousness.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 576, London, 1873) endorses Dr. Lyon's strong recommendation of capsicum. It should be taken shortly before meals, or whenever depression and craving for alcohol arises. Ten-minim doses of the tincture obviate the morning vomiting, remove the sinking at the pit of the stomach, the intense craving for stimulants, and promote appetite and digestion.

Dr. FRASER (*London Hospital Reports*, vol. ii. 1868) appears to rely chiefly on the use of stimulants and the administration of opium, his own experience showing that the greatest success followed that treatment. Digitalis he found unsuccessful.

Dr. JOHN BEDDOE (*Medical Press and Circular*, Oct. 16, 1867) usually begins with a grain of *good* extract of cannabis Indica, or twenty minims of the tincture; waits from four to six hours, and then, if the patient be awake, gives a double dose. If this also proves fruitless, six hours later he gives three or even four grains; then allows six or eight hours to pass, and, if necessary, tries a yet larger dose. Longer intervals are needful for extract than for tincture. In one case Dr. Beddoe proceeded as far as two drachms (= 6 grains) before the patient succumbed to the hypnotic influence; he slept several hours, and awoke almost well. He has always given as much soup, milk, and other digestible food, as the patient's appetite and stomach could receive (cannabis does not dull the appetite as opium often does), and has never given alcoholic stimulants except when the quality of the pulse distinctly indicated them.

Dr. DAW (*British Medical Journal*, May 31, 1873)

speaks in the highest terms of hydrocyanic acid. It allays the irritation of the stomach and checks the nausea and vomiting; it quiets the nervous excitement, and by so doing tends to produce sleep; and it also controls the action of the heart.

Mr. JONES, of Jersey, prescribes tablespoonful doses of tincture of digitalis.

Dr. A. WILTSHIRE (*Lancet*, Aug. 27, 1870) reports five cases cured by half-ounce doses of digitalis.

Mr. HEWITT (*Medical Press and Circular*, April 22, 1868) has cured one case by the application of the ice-bag to the spine.

Dengue Fever.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends emetics and free eliminating remedies, especially purgatives, to subdue the febrile heat; and after the acute symptoms subside forty to sixty drops of colchicum wine, with twenty-five drops of laudanum and thirty drops of antimonial wine at bed-time.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869) guards against complications, and relieves urgent symptoms as they arise. The profuse sweating which sets in after a few days should not be checked. During convalescence, bark or quinine, with milk and animal food, will assist in making the recovery sure. Alcoholic stimulants have also been found beneficial.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) is of opinion that dengue merely requires good nursing, regulating the bowels, and relieving or mitigating the pains with Dover's powder or other opiates, especially at night, or by the local application of laudanum.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) recommends emetics at the outset, and free purgation, followed by saline diaphoretics, and opium

for the relief of pain. The patient must remain in bed. The surface may be sponged, and cold applied to the head. The diet must be regulated, and if there is any depression stimulants and nourishing food should be given. Quinine and the mineral acids during the remission and during convalescence.

Dr. G. B. Wood (*Treatise on the Practice of Medicine*, 6th edit. 2 vols. Philadelphia, 1866) gives an aperient at the earliest period, and subsequently, if the bowels should continue confined. When the skin is hot and dry, refrigerant diaphoretics. In violent cases of headache, a small bleeding. To remove the intense pains, opium in the form of Dover's powder, when there is no nausea; and to counteract the depressed state of the system, wine, malt liquors, brandy, and nourishing diet.

Diabetes.—Dr. BENCE JONES (*Lectures on Pathology and Therapeutics*, pp. 314, London, 1867) says that the effect of diet is far beyond that of any known remedy. An anti-farinaceous, or, in other words, an anti-saccharine diet, will remove the sugar from the urine, and stop all the symptoms of the complaint in all those cases in which the power of consuming the animal sugar remains unaffected. The simplest formula for the diet may be thus stated:—All animal produce, including fish, flesh, fowl, game, eggs, cream, and meat-soup, should be taken; and all vegetable food that contains starch, dextrin, and sugar, should be avoided. The vegetable substances that contain most starch, dextrin, and sugar, are rice, maize, arrowroot, sago, potatoes, oatmeal, peas, beans, biscuit, toast, maccaroni, vermicelli, and all confectionery. Fruits are even worse than vegetables. Stout, porter, ale, cider, port, Madeira, champagne, and sherry, are more or less highly saccharine; cocoa and chocolate contain nearly twenty per cent of starch and dextrin naturally, and more is often added. As regards medicines, there are two ends to be gained by their use—the oxidation of the sugar, or,

failing that, to compensate the system for the loss of saccharine fuel, and the consequent loss of power and nutrition, by promoting the supply and oxidation of the oleaginous fuel. Of all the medicines, iron and alkalies are the best—the ammonio-citrate of iron—with excess of ammonia—or the iron may be given in potass or Vichy, or in Fachingen water, and that preparation which confines the bowels least is most to be preferred. Hence the potassio-tartrate and Griffith's mixture are often useful. Vegetable and animal oils and fats constitute important remedies. Of all these, cod-liver oil and cream are most frequently used. Castor-oil is the best aperient when it does not nauseate; then capsules containing oil, with minute quantities of castor-oil, are most efficacious. Compound extract of colocynth, with jalapine, scammony, or gamboge, or podophyllin, will act when oil cannot be taken.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) believes that the regulation of the diet constitutes by far the most important part of the treatment. If care be taken to exclude all articles of food that contain saccharine matter, or that are readily convertible into saccharine matter, the condition of the patient amends at once. Perspiration, induced by the hot-air bath, has a most beneficial influence on the condition and feelings of the patient. Friction, and more especially warm clothing, are also recommended. Opium and steel are beneficial; the former quiets the nervous irritability of the patient, allays many of his most distressing sensations, and restrains in a remarkable degree the excessive profluvium from the kidneys; the latter repairs the strength and enlivens the spirits. The bowels require attention; castor-oil, rhubarb, aloes, lenitive electuary, are more appropriate than the purgative salts.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that it is of the utmost

importance that diabetic patients should live principally upon animal food, and that they should eat but very little starchy or saccharine matter. The patient may be allowed a small portion of bread daily, and such vegetables as do not contain either sugar or starch, or but very little of them. Besides spring-water, acidulated water may be allowed as a beverage, as well as coffee, well-fermented beer, and wine, if not too new, and especially red wine. Directions regarding the patients' clothing must be laid down, and especially must they be urged to wear flannel next the skin. With respect to medicinal remedies, the alkaline carbonates are the only medicines whose beneficial action upon diabetes can be claimed with certainty.

Dr. GUENEAU DE MUSSY (*Medical Press and Circular*, October 16, 1872) recommends full doses of belladonna and sulphurous baths.

Dr. BALTHAZAR FOSTER maintains that lactic acid diminishes the sugar excretion and the quantity of water, while it increases the bodily temperature and restores the functions of the skin.

Dr. AUSTIN FLINT (*American Practitioner*, January 1870) relates three cases treated by bromide of potassium in doses of fifteen to twenty grains three times a day, combined with ordinary diabetic diet. In each there was a rapid diminution of thirst, a decrease in the specific gravity of the urine, and an improvement in the general health.

Dr. F. W. PAVY (*Guy's Hospital Reports*, vol. xv.) finds that opium, morphia, and codeine, all possess the power of checking the elimination of sugar in the urine. Of the three he considers codeine to be the best. Dr. Pavy begins with half a grain of the last, and gives it, by gradually increasing doses, to the extent of ten grains three times a day.

Mr. BAYFIELD (*British Medical Journal*, October 17,

1873) has published a case of diabetes cured by peroxide of iron, after ten weeks' steady perseverance. He commenced with half-drachm doses of the ethereal essence of the peroxide, gradually increasing it to three drachms a day.

Dr. JOHN DAY (*Lancet*, January 11, 1868) gives half-drachm doses of ethereal solution of peroxide of hydrogen mixed in an ounce of distilled water, three times a day, in order to oxidise the sugar that has been taken up in the general circulation.

Prof. BOUCHARDAT (*Bull. Général de Thérap.* December 30, 1866), while admitting the efficacy of alimentary treatment, considers it only as palliative, and he recommends the adoption of energetic exercise. The greatest care must be taken to find some daily exercise which is agreeable to the patient; as, for instance (in the case of men), hunting, rowing, fencing, skating, billiards, cricket, &c., or any ordinary manual employment, as sawing, cleaving wood, turning, and the active work of gardening; and for women, all the active household employments, especially those which require the action of the legs rather than standing without walking. The exercise ought to be energetic, so as to produce a thorough sweating over the whole body, and then all necessary precautions should be taken to prevent the chance of chilling the system.

Dr. BRADBURY (*Lancet*, January 11, 1873) reports a case of diabetes insipidus in which the most marked benefit resulted from the employment of valerian in doses of fifteen grains thrice daily—a remedy that was first recommended by Trousseau.

Dr. M. O. SCHULTZEN (*Berlin. Klin. Wochenschrift*, 1872) recommends the following prescription to be used in cases of saccharine diabetes:—℞ glycerini purissimi grammes xx.-xxx., aq. fontanæ lb. ij, acid citrici vel tartarici grammes v. To be drunk at intervals through the day. If the dose of glycerine be augmented to sixty grammes or

more, diarrhœa often follows, whilst the above dose may be used for months without inconvenience.

Dr. A. S. DONKIN (*Lancet*, January 11 and 18, 1873) states that diabetes may be rapidly cured by the skim-milk treatment. Seven or eight pints are to be allowed daily, divided into meals taken at regular intervals, and no other food of any kind whatever is to be taken, and no medicine is required.

MM. DEVERGIE and FOVILLE (fils) (*La France Médicale*, March 19, 1873) observe that up to the present time but few efforts have been made to cure the disease by attacking its cause, and none have taken a prominent place in practice. They venture to suggest the employment of an arsenical treatment, which has the effect of supressing the sugar in the urine, or at least of effecting a considerable reduction in its quantity.

Diarrhœa.—Dr. CLAPTON (*British Medical Journal*, September 30, 1871) says simple diarrhœa scarcely requires any medical interference. Rest, and plain, nutritious, unstimulating food, are generally all that is necessary; but, during cholera outbreaks, every case, however mild, should be carefully attended to. As it mostly arises from some error in diet, and is attended with very acrid secretions and an excess of bile, an aperient is obviously indicated at the onset, such as a dose of castor-oil or rhubarb. If the griping pain be very great, a few drops of laudanum may be added. Saline aperients are to be particularly avoided. Should the diarrhœa continue, it will be necessary to prescribe astringents, as catechu or rhatany; absorbents, as chalk or bismuth; and perhaps also an opiate to soothe the morbid irritation of the nerves. Choleraic diarrhœa or cholerine was found to be most successfully treated by commencing with the following draught:—℞ tinct. rhei ʒss, tinct. opii. m.x, sp. ammon. aromat. ʒj, tinct. zingib. ʒss, aq. menth. pip. ʒiss. Afterwards the following was given every two hours:—℞ acid. sulph.

dil. ʒss, tinct. card. co. ʒj, aq. menth. pip. ʒiss. Simple farinaceous food was allowed, with weak tea or broth, and in some cases a little brandy. Absolute repose in bed should be enjoined in every case.

Dr. KING CHAMBERS (*The Indigestions*, pp. 293, London, 1867) pays great attention to the diet. The best of all is milk, and lime or soda-water, iced in feverish cases. When there are lumps of fæculent matter in the stools, and a smell like that of normal excrement, purgatives should be given, and abstain when there is no normal smell present. When white and opaque mucus, flakes of fibrine, epithelium, blood-streaked mucus, bright green matter, &c., are found mixed in the stools, then leeches, fomentations, warm hip-baths, and poultices to the abdomen are appropriate, and should not be delayed. A syrup made of ten drops of laudanum, two grains of ipecacuanha-powder, and a scruple of soda in an ounce of half treacle and half water, should be given in doses of a teaspoonful at hour intervals. In teething infants this treatment is of the most marked utility. Acid diarrhœa indicates the free employment of chalk. In some cases of diarrhœa from chronic mucous flux of the intestines, without ulceration or acute inflammation, Dr. Chambers has known horse exercise to be serviceable.

Dr. ROBERT DRUITT (*Medical Times and Gazette*, July 2, 1870) has had abundant opportunities of proving the efficacy of raw meat as a remedy for diarrhœa. The meat used may be either mutton or beef—say a tit-bit of the loin of mutton, or of the fillet or other tender part of beef. This must be submitted to a process either of pounding or of scraping, so as to get the red soft muscular substance as free as possible from all fat and fibre. The muscular substance so prepared forms a soft pink pulp, and even a good-sized piece of raw meat seems to yield wonderfully little by comparison with the parts that are rejected. It must be a pulp, giving no feeling of resistance

when squeezed between the fingers. It may be given by itself, or as a *jellied chop*. This latter consists in diffusing the meat pulp through a stiff meat jelly, and allowing it to cool in a shape.

Dr. BRAKENRIDGE (*Medical Times and Gazette*, February, 1873) prescribes the oxide of zinc as a remedy for the diarrhœa of infancy and childhood.

Dr. SALE (*American Journal of the Medical Sciences*, October 1871) has for some time past directed patients to assume a *prone position* with a compress—*e.g.* a pillow or bolster—placed under the abdomen, the amount of compression to be governed by the degree of tenderness. The compress to a great extent prevents peristaltic action of the intestines, when used in connection with opiates.

Dr. ROBERT BARNES (*Medical Times and Gazette*, August 1, 1868) gives kino, catechu, or krameria, with the decoction of log-wood.

Mr. WHITFIELD (*Medical Times and Gazette*, August 1, 1868) ordinarily gives a mixture consisting of tincture of rhubarb half a drachm, tincture of opium ten minims, aromatic spirit of ammonia one drachm, and peppermint-water an ounce and a half, combined with a couple of grains of calomel. This is followed, if necessary, by forty grains of compound chalk-powder with opium in water; and occasionally, when the diarrhœa is bad, and there is vomiting associated with it, Mr. Whitfield orders five or ten grains of carbonate of soda with twenty minims of chlorodyne.

Dr. MORRIS TONGUE (*Medical Times and Gazette*, August 1, 1868) treats summer diarrhœa with purgatives—castor-oil and laudanum, or mist. rhei. ammoniatæ.

Dr. DUFFIN (*Medical Times and Gazette*, August 1, 1868) treats most of his cases by means of castor-oil, sometimes following up its exhibition by chalk mixture.

Dr. BROADBENT (*Medical Times and Gazette*, August 1, 1868) in recent cases gives castor-oil or sulphate of

magnesia, with ether, &c., followed by stimulant aromatic tonics ; if the purging has been going on for a few days, he usually gives sulphuric acid and opium mixture. Full directions as to diet are given in all cases.

Dr. LAWSON (*Medical Times and Gazette*, August 1, 1868) considers that the cases of summer diarrhœa are of two kinds :—(1) Those induced by the direct action of the heat on the nervous system, diminishing the supply of nervous force to the mucous membrane, and so, in accordance with recent researches, enhancing the secretion ; and (2) those produced by the use of impure water, and the consumption of unripe or decomposing fruit. With this idea in view he has been adopting two distinct lines of treatment. In the first form he has found the best results from the employment of salicine in from six-grain to eight-grain doses, once, twice, or, in extreme cases, three times a day. In the second form he has found most advantage from the tincture of the perchloride of iron in doses of from ten to fifteen minims in bitter infusion three times a day. Chalk mixture, alone or in combination with catechu, has been of little service ; but the salicine and tinctura ferri perchloridi produced the happiest results.

Dr. H. O. HITCHCOCK (*Chicago Medical Journal*, September, 1867), on the recommendation of a layman, has employed propolis (a resinous exudation with which bees cover the bottoms of their hives) in the treatment of acute and chronic diarrhœa, and finds it one of the best and most reliable remedies he has ever used. He employs an alkaline solution, made by incorporating two drachms of propolis with one drachm of liquor potassæ, and then adding equal parts of simple syrup and water, so as to make a two-ounce mixture. Of this the dose is half a teaspoonful after each stool.

Mr. J. JOHNSON (*Medical Times and Gazette*, August 3, 1867) says the following remedy will be found well

worthy of a trial. In his practice it has been very successful, and other practitioners speak very highly of it:—
 ℞ creosoti ʒiij, opii. Turc. ʒij, capsici. pulv. ʒij, krameriae pulv. q. s. ut fiant pil. cxx. Dose: two pills every two hours, until the violent systems are relieved.

Diphtheria.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London 1871) clears out the bowels at the outset by a gentle aperient. The tincture of the perchloride of iron in half-drachm doses, mixed with water, may be given at short intervals. Frequent gargling with cold water deserves a trial. The patient should be well nourished with bread sopped in beef-tea, eggs, iced milk, and such like food. If the strength is failing, wine or brandy in liberal doses will be indicated. This disease will not bear depletion. The membranous exudation must not be torn off; locally, hydrochloric acid and water, equal parts, may be applied. Tracheotomy may be performed as a *dernier ressort*.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. London, 1873), in recent cases, deems it advisable to remove the false membrane carefully, and touch the dried bases with nitrate of silver, concentrated muriatic acid, or liquor ferri sesquichlorat, but not to repeat this operation more than once or twice a day, and not to continue it too long. Besides this, as long as the mucous membrane is still very red and swollen, he lets the patient swallow small pieces of ice slowly, and prescribes a solution of chlorate of potash (ʒj to ʒvj), with directions to take a tablespoonful in the mouth every two hours, and to keep it in contact with the pharyngeal tissue for some time before swallowing it. All debilitating treatment must be avoided, especially abstraction of blood; on the contrary, we should, from the first, keep up the strength of the patient by tonics, quinine, and iron, and by wine and nutritious diet. If collapse occur, we should give analep-

tics, camphor, musk, and plenty of strong wine. Tracheotomy should not be deferred too long, if we hope to have it succeed, which it rarely does.

Dr. W. G. BALFOUR (*Edinburgh Medical Journal*, December 1871) has successfully employed in this complaint chlorine water, which is prepared by adding hydrochloric acid to chlorate of potash, and adding water.

Dr. WILLIAM MARSHALL (*Glasgow Medical Journal*, August 1870) says of all the medicines recommended for internal administration, the only one he has the slightest faith in is chlorate of potash and iodide of potassium mixture; but all his experience tends to prove that the best treatment is the local application of caustic, after carefully removing the false membrane.

Dr. F. C. HORTZ (*New York Medical Record*, August 15, 1871) uses, with the most gratifying success, carbolic acid, as follows:—℞ acid carbolic cryst, alcohol āā ʒj, aquæ ʒv, tinct. iodin. ʒss; m. This makes a perfectly clear, transparent mixture, of a brown-red colour, which soon, however, becomes pale yellow. This should be applied to the diphtheritic exudation three or four times in twenty-four hours, by means of a camel-hair brush. In adults it should be used in a diluted form (fifteen to thirty drops to a cup of water) as a frequent gargle, and for injections into the nostrils if the nose is implicated.

Dr. ROTHE (*Berliner Klinische Wochenschrift*, 1870), recommends brushing of the affected parts with an alcoholic solution (one part to five) of carbolic acid several times during the day. Care should be taken to prevent any of the solution from coming in contact with the tongue.

Dr. HARTSHORNE (*Essentials of the Principles and Practice of Medicine*) believes local treatment to be secondary. It ought not to be violent. Ice in small pieces melted in the mouth slowly is probably as useful as any application. Muriatic acid and honey, equal parts, applied freely with a large camel-hair pencil, or diluted

with water and used as a gargle, he believes to be serviceable. Creosote dissolved in glycerine, four to eight drops of the former to two ounces of glycerine and the same quantity of water; lime-water; chlorinated soda dissolved in twenty parts of water; and permanganate of potass, a drachm in a pint, make also appropriate gargles. Cold-water compresses may be applied outside of the throat in the early stage, while there is excess of heat. Later, flannel wrung out of hot water to which an equal amount of spirits or vinegar has been added, will give more comfort. Inhalation of the steam of lime-water is worthy of trial, especially in the croupous variety; or the *atomization* of lime-water by the *nephogene* or some other apparatus constructed for the purpose. The author's best results in bad cases have attended the early and free use of chlorate of potassa; an adult may take twenty grains in solution every three hours; a child, five or six years old, five grains every two hours.

Dr. WATSON CAMPBELL (*Edinburgh Medical Journal*, February 1867) has had much success by the permanganate of potash gargle, the tincture of the muriate of iron, and port wine.

Dr. HAYDEN (*Dublin Quarterly Journal of Medicine*, August 1866) relates a series of cases to illustrate the remedial action of the hyposulphites, and in the hope that others may give their agents a more extended trial in the treatment of diphtheria.

Professor CLAR (*Practitioner*, July 1, 1871) uses sesquichloride of iron in glycerine, giving half-teaspoonful doses of a mixture consisting of twenty drops of liquor ferri sesquichloridi in two ounces of pure glycerine.

M. TRIDEAU (*British and Foreign Medico-Chirurgical Review*, October 1868) highly recommends copaiba and cubebs.

Dr. G. H. GRAY (*American Journal of the Medical Sciences*, January 1873) strongly recommends hyposul-

phite of soda in twenty to thirty grain doses, every three or four hours, until the body of the patient is saturated, as is evinced by the peculiar smell, and has complaints of a bad taste in the mouth. Tonics and stimulants should be given at the same time.

Dr. MENZIES (*Edinburgh Medical Journal*, September 1872) recommends free cauterization at the outset, and repeated every day if requisite; a very strong solution of nitrate of silver is the best agent. Tincture of the perchloride of iron is the most reliable internal remedy; and he thinks it acts, in some measure, by the hydrochloric acid which it contains exercising a detergent influence on the diseased surfaces. The patient should use a gargle of Condyl's fluid every hour. A strongly stimulant treatment should be adopted from the commencement. Dr. Menzies has felt much inclined to try a preparation of strychnine dissolved in phosphoric acid (in combination with tincture of the perchloride of iron), which is much and successfully used by our American brethren in the treatment of malarious fevers.

Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872) is of opinion that so long as there is heat of skin and firmness of pulse, alcoholic stimulants ought not to be given. Saline medicines, such as acetate of ammonia and citrate of potash, should be administered. The bowels should be opened freely with calomel and jalap; or by calomel and colocynth pill, followed in the inflammatory or sthenic forms of the disease by a saline aperient, *e.g.* sulphate of magnesia in the infusion of roses. The throat affection should be treated with warm fomentations externally, and by the inhalation of water vapour with acetic acid; a wine-glass of vinegar to a pint of water is a good proportion. A lead gargle (one fluid drachm of the solution of diacetate of lead in eight ounces of rose-water) may be of service, but gargles must not be persisted in if harm is caused by

their use. The temperature of the room ought to be kept at 68° F, and its atmosphere made moist by the steam from a kettle. If feebleness of pulse supervene, if the redness of the throat assume a dusky hue, if the sense of general weakness becomes extreme, wine in large doses frequently repeated is required. Six or eight ounces of port or sherry during the day for an adult may be given from the first, with as good a diet as the stomach can digest. During the course of the disease much larger quantities of wine and even brandy may be necessary, but the quantity of stimulants must be regulated by the habits and age of the patient. Efficient daily action of the bowels must be secured, and the urinary and intestinal secretions must be examined daily. If blood or albumen appear in the urine, diuretics are contra-indicated; mustard-poultices, warm linseed-meal poultices, or the warm wet sheet, may be applied to the loins under these circumstances; tincture of the perchloride of iron with quinine may be given. Copaiva and cubebs are highly spoken of by Frideau and by Trousseau. With regard to topical applications, Sir W. Jenner is of opinion that repeated applications to the throat of caustic solutions are injurious; he recommends one single but efficient application of a strong solution of nitrate of silver (ʒj to ʒj of water), as a remedy which may stay the spread of the exudative inflammation; but that, on the whole, hydrochloric acid and water in equal parts with wine frequently attain the object. Medicinal carbolic acid, 1 of acid to 200 parts of water, is valuable as a gargle. The local application of lime-water by frequent gargling or gentle brushing, with the internal administration of nitrate and carbonate of soda, prove speedily curative in the milder cases, and alleviate the more severe. Ice kept dissolving in the mouth is a great comfort. The false membrane ought never to be taken off. In the consecutive paralysis, tonics and local galvanism are the most important remedies, and the

bowels should be kept open by a pill, taken morning and evening, containing from a quarter to a half a grain of the extract of nux vomica, with a like quantity of sulphate of iron, combined with two or three grains of compound rhubarb pill mass. These may be varied with pills containing $\frac{1}{12}$ th of a grain of strychnia, the strychnia being triturated with sugar of milk, and made into pills with a sufficient quantity of extract of gentian; or syrup of the phosphate of iron in drachm doses twice a day, and stimulants in the form of malt liquors, especially stout (if free of *cocculus indicus*), are beneficial if taken with or after meals. Tracheotomy ought to be had recourse to if the exudative inflammation extends to the larynx, and advances in severity. In the adult laryngotomy is to be preferred to tracheotomy.

Dr. DUER (*American Supplement to Obstetrical Journal of Great Britain and Ireland*, July 1873) highly extols the efficacy of small doses of calomel and large doses of the bicarbonate of soda, and the free use of nutritious food and brandy. He states that he has treated a large number of cases of all grades of severity by this plan, with satisfactory results.

Dropsy.—Dr. WALSH (*Diseases of the Heart and Great Vessels*, 4th edit. pp. 582, London, 1873) believes that the abstraction of a small quantity of blood, either by venesection or by cupping of the chest, facilitates the action of hydragogue remedies when a clogged condition of the heart's cavities co-exists with pulmonary congestion and anasarca of more or less acute course, and the general vigour is as yet unimpaired to any serious degree. Of hydragogue purgatives, elaterium, gamboge, bitartrate of potass, and the pulvis jalapæ comp., are the most valuable of the class. The following is a useful formula:—
 R extract elaterii gr. $\frac{1}{6}$ — $\frac{1}{2}$, creasotonis gt. j, extract hyoscy. gr. ij, pro pil. j; repetend. prout opus sit. Stimulants may be requisite during the use of these medicines.

Diuretics, uncertain in their effects, are often rendered much more active by preliminary cupping or dry-cupping of the renal regions. Of the numerous diuretic agents the infusion of digitalis has appeared to Dr. Walshe the most active, and no amount of apparent weakness of the heart is, *per se*, an absolute contra-indication to its use. Hydragogue purgatives often prevent the action of more direct diuretics; and small doses of blue pill occasionally, at bed-time, are very useful adjuvants. Diaphoretic drugs are of very little utility, but the free diaphoresis produced by the vapour or hot-air bath is sometimes strikingly beneficial. If there be any tendency to bronchitis, bronchial discharge should be encouraged by the free use of expectorants. Removal of anasarcaous fluid by mechanical means becomes necessary, if medicines fail in controlling its increase; and if inflammatory changes in the skin appear imminent, scarification is dangerous, being not often followed by erysipelas, while acupuncture over the insteps, or at the upper and inner parts of the thighs, is not attended with the same danger. Should discharge take place through spontaneous fissures or artificial punctures, it is extremely dangerous to arrest the flow by healing the openings. The patient's strength must be supported by food containing much nutriment in a small compass; and, though thirst torment him, he must refrain from fluids as far as possible. Stimulants—hollands or gin—may be required.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says when ascites occurs without any obvious organic cause, and without albumen in the urine, the best remedy is the bitartrate of potash \mathfrak{ss} , three times a day, combined, if the patient's bowels be confined, with ten to fifteen grains of jalap. If these remedies should fail, one-sixth to half a grain of the extract of elaterium every other night may be given. When ascites is accompanied with anasarca, squills afford relief.

If the stomach be irritable, half a grain of opium should be given with the pulvis scillæ, five to eight grains, three times a day. When the ascitis arises from disease of the heart, the treatment must have reference to the nature of that disease. In ascites depending on enlarged spleen, the bromide of potash and iodide of potassium are recommended. The dropsy which often occurs in young chlorotic women, in whom the urine contains albumen, is generally curable, the most efficient remedy being the bitartrate of potash in drachm doses, three times a day.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869) pays attention to the means which prevent anæmia, and prescribes chalybeate drinks, warm clothing, &c. If the muscular action be not much depressed, purgatives may be cautiously used, as elaterium; or diuretics can be trusted to. A combination of digitalis and steel might prove serviceable. The vapour or hot-water bath often seems to be very useful, or wet-sheet packing. Stimulants (especially gin) will generally be required, together with soups, animal food, &c.

Dr. S. WILKS (*Lancet*, March 21, 1873) speaks with the greatest confidence of the resin of copaiba as a diuretic. It is particularly useful in cases of dropsy from cardiac or hepatic disease. Fifteen or twenty grains in mucilage and flavoured water should be given, three or four times a day.

Dr. MURCHISON (*British Medical Journal*, December 23, 1871) states that, in the first place, one great effect is to relieve venous repletion, which, in the case of portal dropsy, may be accomplished by purgatives, which cause a watery exhalation from the bowels. Another object is to remove obstructions to exhalation from the skin or kidneys by diaphoretics, warm baths, diluents and diuretics. Thirdly, to stimulate compensatory exhalation from the skin and bowels. Much good will be derived from tonics, such as iron.

Dr. GEORGE JOHNSON (*British Medical Journal*, March 7, 1868), in the treatment of acute renal dropsy, confines the patient to bed, places him on a scanty diet; dry cups the loins or applies mustard and linseed poultices; and takes means to excite the secretory action of the skin and bowels, and thus lessens the work of the kidneys. In some cases of chronic renal dropsy, diuretics may be given without risk, but too often without much benefit in the way of removing or lessening the dropsy. A pleasant and efficacious diuretic is the imperial drink made with lemon, cream of tartar and sugar, with the addition of gin, in the proportion of a wineglass to a pint. Hot-air baths often distress the sufferers from chronic Bright's disease; the skin does not readily perspire, and the body consequently becomes painfully heated; a daily packing for two or three hours in a wet sheet and blankets is better. In cardiac dropsy a combination of the perchloride of iron with tincture of digitalis is particularly useful. When other means fail to remove a dropsical accumulation, great temporary relief may be afforded and life prolonged by mechanical means—by tapping the abdomen, for instance, in a case of ascites; by acupuncture or incisions through the skin of the legs for the removal of anasarca. The free action of a hydragogue—elaterium, for instance—is often followed by copious secretion of urine.

Dr. F. T. ROBERTS (*The Practitioner*, May 1872) calls attention to the following measures, which may be employed with advantage in different cases, and in many two or more can be combined. 1. The maintenance of *rest* and of an *appropriate position*. 2. The use of baths, both *general* and *local*. 3. The employment of regular and systematic *pressure*. 4. Removal of the fluid by *operation*.

Dr. HANDFIELD JONES (*Practitioner*, April 1871) recommends, for cedema of the lower limbs, a single puncture

in each leg with a trochar, leaving the canulas in to drain for several hours.

Dysentery.—Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872), in mild cases, but where the pains are excruciating and attended with tenesmus, prescribes the warm bath. Leeches (six to twelve) applied round the verge of the anus, often affords sensible relief. Ipecacuanha is more effectual in the acute than in the chronic forms. The patient should remain in bed and abstain from fluid for at least three hours after taking the ipecacuanha. Thirst may be appeased by sucking ice. Opium in large doses, combined with acetate of lead (gr. iij to gr. iv) in each dose, nitrate of silver or sulphate of copper, is valuable in the chronic form of dysentery.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873), in the milder grades, begins the treatment with a mild laxative, such as castor-oil or decoction of tamarinds. It is only advisable to give an emetic of ipecac. or tartrate of antimony in cases where the stomach is filled with undigested substances. The patient should keep his bed, and eat nothing solid, but live on soup diet. Most patients are relieved by warm poultices to the abdomen. If the tormina be very severe, and be not relieved by the cataplasms, or if the abdomen be unusually sensitive to pressure, leeches should be applied (in adults ten to twenty). Internally we may give an emulsion, and at evening a moderate dose of opium. In higher grades of dysentery calomel with opium is the most trustworthy treatment, one grain of the former with a quarter of a grain of the latter every two hours, combined with five to ten grains of Dover's powder at bedtime. In chronic dysentery, especially when the tenesmus has abated, enemata of solutions of nitrate of silver or sulphate of zinc deserve most confidence. If there be no collection of fæces above the seat of disease, or if the

muco-purulent and bloody masses are accompanied by the passage of thin faecal matter; we may give astringents internally also, and in such cases Dr. Niemeyer prefers catechu (ʒij to ʒvi water, ʒss gum arabic; a tablespoonful every two hours).

Dr. STEPHEN WARD (*Medical Times and Gazette*, Feb. 22, 1873) states that ample testimony has been borne to the value of ipecacuanha in the acute form of the disease. Large doses have been given, and appear generally to be well tolerated. How such doses act has not been very clearly explained; probably by a powerful sedative effect upon the circulation. In small doses—the effect would be to relax the congested capillaries and promote secretion from the inflamed mucous membrane, and, when combined with opium, to determine to the skin. In the sub-acute dysentery occasionally met with in this country, ipecacuanha, either simple or in the form of Dover's powders, has proved of service. The good it has done in the acute and sub-acute forms of dysentery has led to the erroneous conclusion that it might be appropriate also in the quite different condition which prevails in advanced chronic dysentery. It does not follow that because ipecacuanha and astringents have been found useless in the treatment of chronic dysentery, nothing is to be done. Much may be done by strict attention to general hygienic rules, and by the use of drugs for the relief of special symptoms. The first thing to be insisted upon is rest in bed and in the recumbent position—in which the bowels are best kept quiet—for a week or two in mild, and for months, perhaps, in severe cases. Diet stands next in importance. Milk is the best form of nourishment in these cases; flour boiled with milk is a good combination; farinaceous articles of diet are also admissible. As a rule patients do better without alcoholic stimuli, but where there is much prostration these must be given. It is important, too, that an even temperature

should be maintained by night as well as by day in the bed-room. During convalescence flannel next to the skin and otherwise adequate clothing are essential. An occasional dose of opium at night may be given where there is much restlessness, and a dose of castor-oil guarded with laudanum is often found serviceable where there has been much griping and distress. For the tenesmus from which some patients suffer much, an injection of starch and opium is the best remedy.

Dr. A. M. RAGLAND (*New York Medical Record*, July 15, 1870) advocates veratrum viride in dysentery, and alludes to a case of a boy, æt. six, who, when first seen, had from thirty to forty evacuations in twenty-four hours, pulse rapid, small, and wiry, numbering 130 per minute, and the temperature in the axilla 103.5° F. Wishing to reduce the too rapid action of the heart, he gave veratrum viride, commencing with three drops of Norwood's tincture, and increasing one drop each dose, which in six hours brought the pulse from 135 to 60 or 70 beats, and the temperature to 101° F. The marked benefit of the treatment was shortly manifested in the lessened number of evacuations and re-appearance in them of fæcal matter. The child made a good recovery.

Dr. WILLIAM STEWART (*Madras Monthly Journal of Medical Science*) has found chronic dysentery, associated with chronic disease of the liver, yield to a few twenty-grain doses of the chloride of ammonium, after ipecacuanha and other remedies had failed.

Dr. C. A. GORDON (*Medical Press and Circular*, March 3, 1869) believes that in cases not only of inflammatory dysentery, but in those of the hæmorrhagic type of the disease, enemata of hot water repeatedly administered are not only to be highly recommended as means of treatment, but that they afford an amount of relief to the patient that by no other means can be obtained. Dr. Gordon does not mean by this the repeated introduction

of long enema tubes, but the administration of lavements in the ordinary manner. Nor can he too strongly urge the great benefit and relief derivable from the very simple means of permitting patients affected with dysentery to sit upon commodes containing hot water. Where gallic acid fails to check the flux, a solution of alum with diluted sulphuric acid added, or of acetate of lead with acetic acid, should be tried.

Dr. E. M. MORSE (*California Medical Gazette*, Sept. 1868) has met with marked success by throwing up into the rectum and colon from two to five pints of Labarraque's solution of chlorinated soda, largely diluted, in chronic simple uncomplicated dysentery, by which are meant those cases not kept up by organic disease of the heart, or phthisis pulmonalis, nor dependent on immediate obstruction of the liver or spleen. The right strength for the first enema is twenty parts of water to one of Labarraque's solution.

Mr. J. J. DURANT (*Indian Medical Gazette*, Jan. 1867) has found the powder of the bark of the root of mudar (*calotropis gigantea*) an excellent substitute for ipecacuanha. He administers it in similar doses to what are usually given of ipecacuanha, never beginning with less than one scruple, and seldom going beyond one drachm. It is a sedative to the muscular fibres of the intestines, particularly of the rectum and colon, rapidly allaying all pain, tenesmus, and irritation, and putting a stop to dysenteric action. Its most marked effect is the production of a copious flow of bile, which follows its use in about twenty-four hours.

Dr. GROSS (*Practitioner*, Nov. 1868) has used ergot in an enema to the extent of twelve or fifteen grains in some bland fluid, or in six-grain doses by the stomach, in cases of epidemic dysentery, with the beneficial result of reducing the quantity of blood in the stools.

Sir JAMES RANALD MARTIN, while he shuns exclusive

means, assigns to each remedy its proper value. Blood-letting, sudorifics, and purgatives, constitute the most universal remedies, and in simple uncomplicated dysentery prove all sufficient. But when the abdomen is tumid and there is pain in the liver or in any other region, while the nature of the discharges indicates advancing inflammation, calomel, conjoined with sudorifics, and repeated to meet the occasion, will powerfully aid the curative effect; but pushing it to the extent of ptyalism is by no means to be recommended, nor should mercury in any shape be used in adynamic forms of the disease, in scorbutic dysentery, nor in poisoning by animal effluvia, in the splenic cachexia, nor in states of anæmia.

Dr. AMELUNG (*Berlin. Klin. Wochenschrift*, Nov. 11, 1873), during a recent epidemic of dysentery in Germany, had recourse to the use of carbolic acid. When the large intestine contained a quantity of hard fæcal matter, he prescribed an emulsion of castor-oil, followed the next day by a dose of carbolic acid. When the stools were already mucous and bloody, and accompanied by great tenesmus, he immediately administered the acid. From two to five days after the beginning of the treatment the stools would become quite watery, and then he gave tannic acid and opium, or tincture of catechu when diarrhœa was persistent. The strength of the solution used was one part of carbolic acid to two hundred of water, with the addition of a little tincture of opium. Out of eighty cases thus treated only two ended in death.

Dr. THEODORE MEAD (*New York Medical Journal*) advocates the injection in chronic dysentery of half a drachm of chlorate of potash rubbed up in half an ounce of glycerine, and mixed with three to four ounces of warm water. This should be thrown into the bowel thrice daily, and should be retained as long as possible.

Ecthyma.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) prescribes a tonic regimen in the way of air, exercise and diet; and tonic remedies, including bitters, mineral acids, bark, quinine, steel, and cod-liver oil. Arsenic is not indicated otherwise than as a tonic. Locally, ablution with the juniper-tar, or carbolic acid soap and tepid water, night and morning, and dressing with the benzoated ointment of oxide of zinc, with calamine cerate, or with the unguentum resinæ. In a cachectic habit, an ointment of Friar's balsam or camphor; if there be much irritability, a weak solution of nitrate of silver, or carbolic acid, or chloride of zinc. Poultices and sloppy remedies of all kinds are undesirable.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) recommends similar treatment to the above, and applies to the ulcers, if inflamed, a lead and opium lotion.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) says, in young subjects, active aperients, together with tonics, are the best remedies. Good diet, a fair amount of wine or sound beer, cod-liver oil, proper rest, good ventilation and cleanliness. Locally, emollients in the early stages—warm lead lotion and poppy-head fomentations, afterwards opiate and tannin ointment—extract of opium, ten to twenty grains, a scruple of tannin, with an ounce of simple ointment. In the chronic form Dr. Fox lays great stress on a sufficiency of aperients, and on the mineral acids, with bark and bitters of all kinds; opiates if there be much restlessness; change of air, plenty of meat and wine. Locally, the scabs should be removed, and attempts made to get clean and healing surfaces by the application of weak Condyl's fluid, weak carbolic acid lotion, simple sulphur ointment, or weak nitrate of silver lotion, when stimula-

tion is required. If there be much irritation, an ointment made by rubbing together an ounce of lard and half a drachm of Friar's balsam.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866), in the simple forms of the disease, begins with a tonic—the syrup of the iodide of iron. He removes the crusts; and the exposed surfaces, if ulcerated, treats with black or red wash. When the disease is the result of syphilis, the mercurial vapour-bath is one of the best remedies. Iodide of potassinn has been employed with great success by Mr. Pollock, in St. George's Hospital. The vital powers of the patient must be supported by a liberal diet, malt liquor, or more powerful stimulants.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) says taraxacum occasionally is of the greatest use in the treatment of chronic ecthyma.

Mr. JOHN TWEEDY (*Handbook of Medicine* by F. T. Roberts, M.D., pp. 1043, London, 1873) removes local causes, as pediculi, scabies, &c.; applies astringents and gives tonics and good food.

Eczema.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) says the treatment of eczema resolves itself into a treatment of constitutional and local debility. When all has been effected that can be accomplished by aperients, alteratives, derivatives and tonics, arsenic must be administered, but it must be jealously watched, lest it give rise to any unfavourable symptoms; it should be given in small bulk, on a full stomach, or, if possible, in the midst of a meal. The local treatment must be conducted according to the general principles of surgery. The inflamed part must be soothed in the acute stages, supported and stimulated during the chronic stages, and excited to a new action in the most chronic stage of all. To soothe, we must employ water-dressing; when this has effected its purpose, all

crusts and sordes must be carefully wiped or washed away from the inflamed part and the part dressed with the benzoated ointment of oxide of zinc, spread thickly on a piece of fine flannel, and a roller of elastic cotton bandage put on smoothly. Where great irritability prevails, a sedative, such as the acetas plumbi, may be added to the ointment; or a more stimulating application, such as the unguentum resinæ, or pencilling the surface with a weak solution of nitrate of silver, or the ointment of tar or juniper tar, or a lotion of soda (5ss-5j ad 3viii), with which the eczema should be kept constantly moist. When the chief feature of the local affection is pruritus, the juniper-tar in all its forms will be found invaluable. For the fissures and cracks met with in the worst forms of eczema, there is no remedy to compare with a solution of caustic potash (5j-5iv ad 3j). In eczema infantile a free clearance of the stomach and bowels is a necessary step at the very commencement of the treatment—from one to two grains of calomel rubbed down with the same quantity of white sugar is the best aperient; repeated according to circumstances, once, twice, or thrice a week. Arsenic must then be administered in doses equivalent to two minims of the liquor arsenicalis three times in the day, with vin. ferri and syrup simpl. The local irritation and distress may be alleviated, and the eruption healed, by the benzoated ointment of oxide of zinc, rubbed down with spirits of wine in the proportion of a drachm of the latter to an ounce of the former, applied night and day, spread, as before stated, on fine flannel.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) points out that the local treatment is far more important than the constitutional; it fails most frequently from two causes: (1) the imperfect removal of crusts, (2) the inefficient and injudicious mode of applying remedies. In acute eczema abstinence from pickles, spices, coffee, malt liquors, wine and spirits, should be

enjoined, and sulphate of magnesia in purgative doses prescribed three times a day. For children calomel and scammony. In the *local treatment* of *acute eczema*, oils, ointments, and tars of all kinds, must be strictly avoided, and boiled cold water or soft water dressing applied, or the lotio plumbi. If these do not suit, a powder of oxide of zinc, starch and camphor, may be tried, and the parts covered with linseed-meal poultices, which should be changed pretty frequently. Rest and the recumbent position are *essential* in all severe cases of acute eczema. In the sub-acute or chronic form the preparations of arsenic are often very useful, and in cases attended with intolerable itching strychnine is advised. In old and debilitated people, tonics are of great value. When the eczema consists of very chronic dry patches, the acetum cantharides or liquor epispasticus should be applied. In universal eczema, corrosive sublimate vapour-baths are useful.

Dr. H. S. PURDON (*Dublin Journal of Medical Science*, Oct. 1872) recommends, for acute cases, painting the part attacked with a solution of nitrate of silver dissolved in sweet spirit of nitre, and subsequently covering with zinc ointment, or an ointment of zinc, prepared chalk, and a few drops of carbolic acid, to allay itching. If the part be covered with hair, dilute citrine ointment and carron oil. For chronic cases Hebra's methods of treatment with solutions of potassa fusa, tar, oil of cade, black soap, &c.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869) after a brisk purge, prescribes refrigerants and demulcents, such as cream of tartar, mindererus spirit, lemonade, sarsaparilla, or couch-grass tea. If the eruption be general, tepid baths containing bran or gelatine; or if it be limited to a small area, poultices of ground rice or potato-starch, made with an infusion of henbane or lettuce. In long standing cases, cod-liver oil,

small doses of sulphur, or the liquor arsenicalis. Steel, bitters, nourishing but unstimulating diet. Locally, ointments of calomel, of the nitrate, or the subiodide of mercury, of vermilion, of oxide of zinc, of tannin, of camphor, of calamine, of cyanide of potassium; or lotions of borax, potash, bichloride of mercury, acetate of lead, sulphate of iron, nitrate of silver, or the huile de cade.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873), in eczema simplex, prescribes local treatment—soothing ointments; E rubrum needs cod-liver oil, iodine, iron, gouty remedies, or diuretics, or special nerve tonics; and E impetigenodes, an antistrumous plan of treatment. If there be any discharge, no irritant or stimulant treatment should be used. He recommends tarry preparations in the itching and papular aspects of eczema, and the soap treatment where there is much thickening and infiltration.

Mr. G. BORLASE CHILDS (*Lancet*, Feb. 20, 1859) recommends a solution of nitrate of silver, ten grains to the ounce of distilled water to be applied every day by the aid of a camel-hair brush; the parts afterwards to be covered with dry lint and oil silk, and well bandaged. But should the affection be complicated with any disease of the chest or kidneys, it had better be left alone, and looked upon as a safety-valve.

Dr. W. CORY (*Lancet*, Feb. 20, 1869) recommends the application of Schmier's soap, to be continued as long as it produces a pretty strong reaction of the morbid surface; when the reaction ceases, an inunction with cod-liver oil will generally complete the cure. The dyspepsia, which usually accompanies the disease, is relieved by trisnitrate of bismuth.

Dr. HUGENBERGER (*Präg. Vierteljahrsschrift*) states that arsenic internally is of no avail, and that remedies applied locally are frequently not well borne by the patient. He recommends for external application an

ointment composed of one part of diachylon plaster and two parts of oil, or cod-liver oil, both of which frequently afford great relief, especially in the early stages. To allay the itching he uses vinegar, and dusting with starch-powder.

Dr. MAPOTHER (*Medical Press and Circular*, Feb. 19, 1873) believes that the gout poison is the cause of eczema, and says that the treatment proven to be useful in gout is usually successful in eczema. Lithia combined with colchicum he has found of greatest use. In inveterate cases arsenic may be necessary, and that metalloid is of great repute in chronic, gouty, and rheumatic affections. Lastly, sulphur internally and externally, especially when used in the waters of Harrogate, Leuk in Switzerland, and Lisdunvarna, nearer home, is of equal efficacy in gouty and eczematous affections. Externally, carbolic acid, diluted with seven parts of lard keeps the skin pliable, prevents suppuration and fœtor, and has, probably, some astringent power. In cases of universal eczema, which are rare, starch baths, or, still better, bran-baths, are called for to check the excessive cutaneous transpiration.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, M.D., pp. 1043, London, 1873) recommends for eczema of the face, head and hands, an ointment composed of five or six grains of ammoniated mercury to an ounce of lard.

Dr. M'CALL ANDERSON (*Medical Times and Gazette*, Jan. 18, 1873) has found an ointment containing bismuth in the proportion of half a drachm of the sub-nitrate to the ounce of simple ointment, rubbed up with a little spirits of wine, and applied freely to the skin, to give great relief in the intense itching and irritation which accompanies chronic eczema and other forms of skin disease.

• **Elephantiasis.**—Mr. ERASMUS WILSON (*Diseases of the*

Skin, 6th edit. pp. 931, London, 1867) recommends that blood should be taken from time to time and be replaced by the nutritive matter derived from a well-selected diet. Alteratives should be given; none better than arsenic and cod-liver oil. Saline aperients and diluents to facilitate the requisite changes in nutrition. Baths of every description; stimulation by counter-irritants, and by the use of the moxa.

Dr. ROBERT LIVEING (*British Medical Journal*, Nov. 11, 1871) believes that improved general hygiene, with moral checks upon intermarriages amongst those affected, is the only plan that will produce permanent and useful results.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) believes that in some cases quinine in large doses, combined with occasional aperients, do very much good. He supplements quinine by iron, cod-liver oil, and other remedies, to meet concomitant conditions. Locally, the tubercles may be made to disperse by carbolic acid, arsenious acid, the oil of cashew, cocoa-nut oil, soap and water, &c.

Mr. NAYLER (*Diseases of the Skin*, pp. 292, London, 1867) recommends, in the early stage, mercury given in a decoction of bark, or some other kind of tonic.

Emphysema.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends dry cupping between the shoulders; and if an attack is imminent, an emetic, or unloading the bowels by a dose of the compound jalap powder. If bronchial spasm prevail, Hoffman's anodine may give relief.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) says this disease can only be relieved by rest, warm clothing, attention to the general health, and by the occasional use of anodynes and antispasmodics. Stramonium may be smoked, or the camphor cigarette of M. Raspail may be tried. Occasionally the

vapour of chloroform is of great temporary service. A warm climate is often beneficial. In interlobular emphysema a cure is often effected by nature, the air becoming absorbed.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) recommends habitual wearing of flannel next the skin, stimulants to the chest, warm baths of water or vapour, the alkaline muriatic mineral springs, especially the thermal springs of Ems. The use of iodide of potassum is especially efficacious. The inhalation of compressed air is only palliative. To avert the asthmatic attacks, the patients must observe a strict diet, avoid food likely to produce flatulence, eat little before going to bed, and keep the bowels open daily. Narcotics must be used with caution. The more suitable remedies (besides emetics) are the stimulants, camphor, musk, benzoin, and large doses of port wine (3j-5jss every three hours), and when these fail, the use of turpentine (5j to 5ss every three hours) in an aromatic water. For the dropsy, whenever it depends upon a capillary bronchitis, Dr. Niemeyer has repeatedly produced excellent results by means of vigorous diaphoresis. When dropsy arises from failure of the heart to compensate for the circulatory derangement of the lungs, digitalis; where this drug fails, squills sometimes does excellent, though merely transitory, service.

Dr. FULLER (*Diseases of the Lungs*, 2nd edit. pp. 534, London, 1867) prescribes regularity of habits, moderation of diet, the avoidance of cold, entire absence from active exertion and mental excitement; and, when there is much disposition to catarrh, accompanied by bronchial spasm, removal to a warm climate during the winter months, and the use of Jeffrey's respirator whenever the external temperature is low and the air keen. With the view of relieving the passive pulmonary congestion which is a distinguishing feature, repeated dry

cupping between the shoulders, the frequent use of hot water hip-baths, and the inhalation of oxygen, are useful expedients. If the stomach be loaded or otherwise out of order, or if there be flatulent distention of the abdomen, emetics, followed by carminative medicine, and a gentle purge, will prove of the greatest service. If there be dyspnœa without stomach derangement, nothing, proves more useful than a full dose of opium combined with half a drachm or a drachm of sulphuric ether and twenty drops of the ethereal tincture of lobelia. If opium fails to afford relief, belladonna, conium, stramonium, the ethereal tincture of the cannabis Indica, and hydrocyanic acid, may be tried, and each in turn may be found of service. When medicines taken internally fail, belladonna, camphor, and the seed of datura talula and stramonium, will sometimes act beneficially if smoked. The inhalation of ether and chloroform occasionally proves serviceable, as do also the fumes of burning bibulous paper which has been steeped in nitre.

Dr. DALE (*Compendium of Practical Medicine*, p. 575, London, 1868) gives anodynes and antispasmodics to relieve the patient—the disease being incurable. In some instances the inhalation of chloroform or fumes from nitre paper afford relief, and smoking tobacco or stramonium is highly useful. Rest, warm clothing, change of air, and attention to the stomach and bowels, should likewise be inculcated.

Profesor C. GERHARDT (*Berliner Klinische Wochenschrift*, pp. 25, 1873) states that the best means hitherto devised for the treatment of emphysema are very insufficient. The catarrhal condition which so frequently accompanies it can be improved by inhalations of solutions of bicarbonate of soda, or by terebinthines. The imperfectly aerated condition of the blood is best met by the inhalation of compressed air. The same volume of the denser air being inspired, a greater amount of oxygen is

absorbed, and a larger quantity of carbonic acid is given off. Various attempts have been made to devise means to facilitate expiration. A method suggested by Dr. Berkart to effect this purpose consists in adjusting an apparatus to the mouth and nose, from which a tube proceeds to a suction-pump, which is worked with each expiration, so as to rarify the air. Gerhardt has adopted, with some advantage, an old method, consisting in making pressure, during expiration, on the chest-walls and on the abdomen. The results of this method are favourable in proportion to the youth of the patient and the flexibility of the cartilages of the ribs. It is very serviceable in cases in which some of the air-passages are blocked up by viscid secretion. While Gerhardt has found very advantageous results from this expedient, methodically applied, he has recognized two dangers in its application, neither of which has, however, had any untoward result. These are, firstly, hæmoptysis, which, no doubt, was the result of the increased pressure of the blood, brought about by the external compression; and, secondly, that muscular twitching which was observed to supervene during the process.

Endocarditis.—What is written relative to the treatment of pericarditis applies equally to endocarditis.

Enteritis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) advises much the same kind of treatment as for peritonitis. In the advanced stage of the disease, when symptoms of sinking come on—a total cessation of pain, failure of the vital powers, and coldness of the body—he combats the obvious tendency to death by asthenia, by giving wine and support.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends leeches to the abdomen, when not arising from a morbid poison, gentle purgative medicines combined with an opiate, fomentations, and purgative or opiate enemata. After the in-

inflammation has subsided, mild tonics, as the compound tincture of gentian with nitro-muriatic acid. When catarrhal diarrhœa exists, a cathartic dose of calomel followed by castor-oil may be necessary. If the stools indicate an acid re-action, magnesia may be given. When membranous films or shreds of coagulable lymph are passed, electro-galvanic applications over the abdomen and dorsal spinal region, combined with creosote or tar, in the form of a pill, is worthy of a trial. Combinations of Dover's with James' powder, or a solution of tartar emetic with laudanum, are useful medicines, and their beneficial action is very much aided by the use of the warm bath, and a flannel roller applied with firmness round the abdomen. The diet ought to be strictly antiphlogistic, animal food must be entirely withheld, and only permitted occasionally in the form of soup.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*) advises an efficient purgative at first, afterwards opium by mouth or rectum, to relieve pain and diarrhœa. Fomentations over the abdomen, with moderate stimulation of the surface. The supporting treatment is indicated in proportion to the duration of the disease and the tendency to failure of the vital powers. The diet at first should be restricted and bland.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes opium and hot fomentations. All purgatives are to be rigidly avoided—enemata of warm water should be thrown up in large quantity, gradually and slowly. After the inflammation has ceased, mild aperients such as castor-oil may be given. The diet should be simple. Cold water may be freely allowed. When there is a disposition to collapse, stimulants must be resorted to.

Epilepsy.—Dr. BROWN-SÉQUARD (*Diagnosis and Treatment of Functional Nervous Affections*, 1868) states that his usual prescription for epilepsy is as follows:—

Iodide of potassium, one drachm; bromide of potassium, one ounce; bromide of ammonium, two drachms and a half; bicarbonate of potash, two scruples; infusion of calumba, six fluid ounces. Mix. A teaspoonful of the mixture to be taken before each of the three meals, and three teaspoonfuls at bed time with a little water. In syphilitic cases he increases the amount of iodide of potassium. In administering the bromides it is necessary to give a relatively larger dose at bed-time, and smaller doses in the day if sleepiness is caused. The medicine should be pushed till anæsthesia of the fauces is produced, and an acne-like eruption appears on the face, neck and shoulders. The bromides should be continued for fifteen or sixteen months after the attacks have ceased. An occasional purgative ought to be given, and if any debility be produced by the use of the bromides, wine and nourishing food should be used, with cod-liver oil, arsenic, strychnia, &c., and the cold douche or shower-bath employed.

Dr. RUSSELL REYNOLDS (*A System of Medicine*, vol ii.) views bromide of potassium as a 'specific;' that is, as a curative agent incapable of classification or explanation—because bromine alone has no anti-epileptic effect, and other salts of potassium have no anti-epileptic effect.

Dr. WILLIAM A. HAMMOND (*Treatise of Diseases of the Nervous System*, 3rd edit. pp. 574, New York, 1873) has found the bromides of potassium, sodium and lithium, most useful. The first should be given to adults in doses of at least fifteen grains three times a day. The bromide of sodium should be given in doses a little smaller; it is, Dr. Hammond thinks, more readily assimilated, and is less apt to produce gastric irritation; the bromide of lithium has a more immediate action. The bromide should be taken for at least a year, in most cases longer, before its administration is stopped. After the initial dose has been given for about two months, if there are no

symptoms indicating bromism Dr. Hammond increases the dose by one-half, if there has been no paroxysm in the mean time. If there have been paroxysms, he increases by one-half after each paroxysm until they are arrested, or until he is convinced that the bromide is inefficacious or injurious. With either bromide he usually conjoins the oxide of zinc in doses of two grains three times a day, but he rarely continues the zinc for a longer period than two months, for the reason that it appears, after that period, to produce a cachexia, manifested by loss of appetite, anæmia and general debility. With the bromide he generally gives strychnia in doses of the thirty-second to the twenty-fourth of a grain, for the purpose of a tonic, and for counteracting, to some extent, the debilitation produced by the bromide. When the opportunity affords, Dr. Hammond always makes use of the constant galvanic current, applying it to the pain and sympathetic nerve. Before resorting to any specific treatment diligent search should be made for the cause, and this should be removed, if possible, without the least delay. The hygienic management of the patient is of course important.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) regards as the only practical treatment that recommended by Schroeder van der Kolk, viz., the repeated application of cups and leeches to the nape of the neck, followed by blisters, issues, and setons.

Dr. WEIR MITCHELL (*Philadelphia Medical Times*) reports two cases of epilepsy with distinct aura, relieved by the inhalation of nitrite of amyl. In cases in which the spasms last four or five hours, he employs with success injections under the skin of bromide of lithium, using thirty or forty grains in three or four localities.

M. JULES FALRET (*Journal of Mental Science*, Jan. 1872) gives the results of his treatment at Bicêtre during

the years 1867-70, where he treated, almost invariably, confirmed cases where the disease was of long standing. He begins by giving fifteen grains a day of the bromide of potassium, very gradually increased until the dose of one drachm is reached. If considerable improvement results, and if no bad consequences are observed, the dose is continued for one or two years, and then gradually brought down to the original dose of fifteen grains. M. Falret attaches great importance to the slowness with which the dose is increased and diminished, and ascribes most failures to suddenly leaving off the medicine.

Dr. BEIGEL (*Medical Times and Gazette*, Feb. 13, 1869) has tried nearly all the drugs recommended by authors on epilepsy, but failed to see any result worthy of notice. But bromide of potassium has doubtless the power of delaying the attacks. The same result is obtained by hypodermic injection of morphia, which acts much more rapidly and intensely. Dr. Beigel uses the bromide of potassium in children and in such adults as are ill-nourished, and employs hypodermic injections if no other complication exists with true idiopathic epilepsy.

Dr. DAVID NELSON (*British Medical Journal*, June 20, 1868) has never found any agent to yield so much success as the oxide or the nitrate of silver, but especially the latter, given in doses of from one to three grains once, twice, or thrice a day, on the empty stomach, according to the ability of the stomach and intestines to bear it.

Dr. POLLOCK (*Lancet*, Aug. 21, 1869) cured one case, which had resisted bromide of potassium, with half-drachm doses of tincture of assafoetida three times a day.

Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872) during the paroxysm recommends fresh air, taking off what may be around the neck, baring the chest, and preventing the patient doing himself any injury. Bleeding is rarely beneficial, except as regards females in cases of suppressed menstruation.

If, however, the paroxysm be greatly prolonged, cold to the head, and opening the temporal artery, where symptoms of excessive cerebral congestion are obvious, may be of service. After the paroxysm the exciting cause should be investigated, the bowels should be regulated, and leeches applied to the temple if the headache be severe. In women the catamenia, if defective or excessive, should be remedied. Intense headache suggests active counter-irritation. An anthelmintic sometimes frees the patient from the disease as well as from a tape-worm or other parasite, which not unfrequently may be the eccentric source of the fits. Iron and zinc are the most useful tonics. With regard to diet, the epileptic should live by rule; he should rise early, and take regular exercise in the open air, keeping his head cool and his feet warm. Epilepsy in young children should be treated by immediately placing the patient into a warm bath, pouring cold water on its head, lancing its gums, and giving an enema. The after treatment should consist in the application of a few leeches to the head, a dose of calomel, and in diminishing the quantity of the diet.

Erysipelas.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) recommends a brisk purge, blood-letting in the outset of the complaint, if the pulse be *hard* as well as frequent, and there be much headache and active delirium. In most cases there is evidence of great debility; a *feeble* as well as a frequent pulse; tremors and a dry and brown tongue. And these symptoms increase, if we *then* persist in drawing blood. In such a condition carbonate of ammonia is of great service. If the disease progresses smoothly under this treatment, well and good; if the powers continue to sink, Sir Thomas prescribes bark and wine. If, on the other hand, there is much headache, hard pulse, and the febrile distress great, a few leeches should be applied, and tartarised antimony, in a saline draught, prescribed. Of

local appliances that which, according to the author's own observation, 'is the most useful, and which affords the greatest comfort to the patient, is *continual* fomentation by flannels wrung out of a hot decoction of poppy-heads.

Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. p. 931, London, 1867) prescribes two to five grains of calomel or half a grain of podophyllin, six to eight of the compound extract of colocynth, and two of extract of hyoseyamus, followed, after the lapse of twelve hours, with a senna or rhubarb draught. A mild aperient must be given daily. If the fever run high, effervescent salines with ammonia. When the alimentary canal is pronounced to be free, sulphate of quinine, with sulphate of magnesia, may be administered, to be followed by the tincture of the perchloride of iron, which is declared to be specific. Sedatives are valuable when great irritability prevails, an eighth of a grain of the extract of belladonna may be given every six or twelve hours. Milk diet, with farinaceous puddings, then eggs, then broths, next fish, and afterwards poultry. For drinks, toast-water and barley-water, to which may be added wine, with a view to support the vital powers. The *local* palliative treatment should consist of sedative fomentations, dredging with flour, and inunction with lard; the *curative* treatment is attained by pencilling the surface with a solution of nitrate of silver.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. 1871) usually begins with a mild saline cathartic, then blue pill with ipecac. *Asthenic* cases gain by the free use of iron, twenty drops of the tincture of the sesquichloride every three hours. Locally, mild emollient applications are the best. A solution of bisulphate of soda has lately been used, internally and externally, with great asserted advantage.

Dr. G. F. ELLIOTT (*British Medical Journal*, Oct. 26, 1872) calls attention to the great value of Dr. Richard-

son's styptic colloid as a local application, painted freely over the surface about twice in twenty-four hours.

M. BROCA (*La France Médicale*, Sept. 7, 1872) recommends the application of a layer of collodion round the margin of the erysipelatous blush, for a distance of from six to eight centimètres, and also over the affected part. The object of the former is to exercise a circular compression, so as to separate the affected part from the rest of the cutaneous surface. It is necessary to examine these layers once or twice daily, and to repair the fissures which occur. The collodion used must be free from oil.

Dr. VON KACZOROWSKI (*Berlin Klin. Wochenschr.* Dec. 30, 1872), believing the disease to be connected with micrococci, has applied, with good effect, a mixture of carbolic acid and oil of turpentine (one part in ten). This is laid on the affected part by means of the finger or a camel-hair brush, and is well rubbed into the surrounding parts. Linen compresses dipped in a solution of acetate of lead (one part in one hundred of water) are then laid on; and over these are placed compresses gently wrung out of ice-water, or bladders filled with ice. Lemonade, or a solution of chlorate of potash (one part in forty), is given internally, every one or two hours. To allay pain, subcutaneous injections of opium into the neighbourhood of the affected parts are made night and morning. The result of this treatment is observed within from twenty-four to forty-eight hours, the process of exudation being diminished, and the temperature and pulse reduced.

M. JOBERT (*Gaz. des Hopitaux*, May 11, 1848) has used, with great success, an ointment composed of nitrate of silver and lard, in the proportion of from two to four drachms of the salt to an ounce. This is applied night and morning to the inflamed skin, and for a small space beyond it, and a thin layer is left on the surface.

Mr. HULKE (*British Medical Journal*, Dec. 16, 1871) uses sulphate of iron as a lotion, ten grains to an ounce of water, applied warm on a rag; and believes it acts as a local styptic, astringent, and sedative, as well as a constitutional tonic. In circumscribed erysipelas on small surfaces, he applies the ordinary coating of collodion and castor-oil. He deprecates the application of flour to any part, as a source of dirt, blebs, and maggots.

Dr. PIAZZI (*L'Imparziale*, Dec. 16, 1871) recommends the application of a somewhat concentrated solution of silicate of potash, painted on the part affected in two or three successive layers.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. p. 576, London, 1873) speaks in the highest terms of aconite—half a drop or a drop of the tincture in a teaspoonful of water every ten minutes or a quarter of an hour, for two hours. Administered at the commencement, it often at once cuts short the attack.

Dr. F. T. ROBERTS (*Handbook of Medicine*, p. 1043, London, 1873) recommends a supporting diet from the first; tincture of steel, in 30 to 40 minims, every three or four hours. In adynamic cases, quinine or ammonia and bark, with alcoholic stimulants, produce good results. Opium, or some other narcotic, at night. If meningitis occurs, the head must be shaved, ice applied, and the patient freely purged. Locally, the part affected should be powdered with flour, starch, or oxide of zinc, and covered with cotton wool. Nitrate of silver should be rubbed into the skin a little beyond the advancing margin of the inflammation, to check the progress of erysipelas. Suppuration calls for free incisions, and in the phlegmonous variety scarification is of great value.

Dr. MEIGS (*American Journal of the Medical Sciences*) has found Kentish's ointment a very useful application. His mode of employing it is to render basilicon ointment

soft, but not fluid, by the addition of oil of turpentine, and then to rub it on the part with the fingers.

Dr. FAHNSTOCK (*American Journal of Medical Sciences*, No. XVI.) speaks in strong terms of the efficacy of creosote as a local application.

Dr. TREVOR (*North American Medical and Surgical Journal*, Jan. 1850) has employed collodion as an external remedy with advantage.

Dr. G. B. WOOD (*Treatise on the Practice of Medicine*, 6th edit. 2 vols. Philadelphia, 1866) thinks, perhaps, on the whole, the most comforting, alleviating, and least hazardous application is that of some bland mucilage, kept constantly upon the inflamed surface by means of soft folded linen thoroughly saturated with it. He usually prefers the infusion of slippery elm, but the infusion of sassafras pith, or flax-seed, may also be employed, especial care being taken that the flax-seed is not rancid. Should the inflammation be severe, advantage may accrue from the use of a solution of acetate of lead in the proportion of a drachm or two to the pint of water.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 9th edit. London, 1873) relieves the painful tension by painting the inflamed surface with collodion. Similar relief is obtained by making minute superficial punctures with the point of a lancet. Especial attention should be paid to the fever; quinine and its preparations are particularly appropriate; as also a nutritious diet, wine and strong beer.

Erythema.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) prescribes mild purgatives, salines, and subsequently bitters, with the mineral acids. Where the function of the stomach is principally at fault, the trisnitrate of bismuth with liquor cinchonæ and infusion of orange-peel will be useful, or the more decided tonics, quinine with sulphuric acid, or quinine with iron and citric acid. If the disorder be

associated with rheumatism, the iodide of potassium may be combined with the salines or bitters. In females aloes combined with myrrh will be found a useful remedy.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) for *erythema simplex* removes the exciting cause of the affection. In *erythema multiforme* the preparations of arsenic are useful. Rest and administration of tonics in *erythema nodosum*.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes rest and quinine after aperients. Carbonate of ammonia, after gentle purgation, is also of benefit in doses of five to ten grains three times a day. Oxide of zinc, in fine powder, dusted over the surface, to allay the local irritation.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) uses applications of cold water or of lead water when the burning pain is severe. In *erythema intertrigo*, in order to prevent the friction of the opposing surfaces, we are recommended to sprinkle them with fine powder, lycopodium-seeds mixed with oxide of zinc being the one most in use (sem. lycopod. $\bar{3}$ ss, zinci oxid. $\bar{3}$ ss), or else a pledget of charpie, smeared with zinc ointment, may be inserted between the surfaces. In *erythema nodosum* proper attention must be paid to the fever and to the strength of the patient. Compresses wet with cold water or with lead water should be applied to the nodules if they are painful.

Favus.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) improves the general health by nutritious diet and tonic regimen—ordinary tonics for general indications of debility, chalybeates in the case of anæmia, and the iodide of iron and cod-liver oil where struma is suspected or obvious. Locally, saturate the crusts with oil or lard, and cover the part for twenty-four hours with an oiled-skin cap; if at the expiration of this time the crusts do not separate easily, the inunction

and covering may be repeated. When all the crusts are disposed of, the head should be washed with the juniper tar, petroleum, or carbolic acid soap, and, after drying, anointed with a diluted nitric oxide of mercury ointment. This process to be repeated daily.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) removes the scabs which form, and then applies the white precipitate ointment.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) says when the hair is implicated and collected together in masses, it should be at once cut short. The surface should then be washed with the yolk of an egg and warm water, or thin oatmeal gruel, to remove the crusts entirely. No application, in Mr. Nayler's experience, answers so well as a sulphur ointment—ten to fifteen grains of iodide of sulphur to an ounce of cerate. The internal treatment should be directed solely to the improvement of the general health.

Dr. M'CALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) strongly advises epilation. Before commencing the extraction of the hairs it is necessary to cut them to within two or three lines of the skin. The head should be thickly smeared with almond-oil twice a day for a few days before the epilation is commenced, and this should be continued regularly as long as it is continued. During each depilation a parasiticide—the corrosive sublimate ointment—should be rubbed into the skin, and continued for some time after the disease is apparently cured. Though the local is the only treatment capable of effectually curing favus, the general health must be attended to.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) prescribes good food and plenty of fat, cleanliness, change of air, cod-liver oil and iron. Locally, the hair should be cut short; the crusts must be removed by soaking with oil or hyposulphite of soda lotion, or by

poultices. When the scalp is cleansed the hairs must be extracted and parasitocides applied at once. The air must then be excluded by the free use of unguents, and the after baldness must be remedied by stimulation.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, 2nd edit. pp. 250, London, 1868) recommends similar treatment to the above.

Frambæsia.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 938, London, 1867) says, like as in other zymotic diseases, the physician must wait on nature. The efforts of European medical men to control the disease have generally proved unfortunate, while the negroes, by making use of mildly aperient bitter decoctions, have been more successful in their practice. They use the same decoctions for local application, and in Africa dress the sores with an ointment of carbonized herbs.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) states that in the early stage it is customary first to wash the patient, then to encourage the full development of the eruption by the exhibition of sulphur and supertartrate of potash for six or eight days. In the next place mercury is to be administered till its action on the gums shows itself, in conjunction with tonics, occasional aperients, decoction of sarsa or sassafras, or mezereum in the form of *tisanes*, to which great virtues are attributed. The diet should be good and unstimulating. Locally, Dr. Tilbury advises a carbolic acid solution or weak nitrate of mercury ointment. The natives of Jamaica apply the boiled beaten-up leaves of the physic nut, *Jatropha curcas*, the juice of the sour orange, the *Janipha manihot*, or the flowers of sulphur dusted over the part. Tabboes may be treated by paring off the cuticle down to the yaw or yaws, and then applying alum. Dr. Bowerbank, Dr. Fox says, is of opinion that mercury is the active ingredient in all the yaws specifics used in Jamaica, that iodide of potassium is

also efficacious, especially if the disease attack the mucous membranes.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) advises astringent and stimulating lotions, with tonics internally. A case is recorded where the application of nitrate of silver to the tubercles for some months effected a cure.

Gall-Stones.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes half a grain of solid opium, or a quarter of a grain of morphine, or twelve drops of laudanum, or the mist. camphoræ, ʒxj, conf. opii. ʒss to ʒij c. sp. æth. nit. ʒj, to be given every hour, or every two hours till some relief is obtained, or till there is slight narcotism; and then similar doses every four or six hours, till the pain has ceased; or the opiate may be given hypodermically ($\frac{1}{4}$ th of a grain of the muriate of morphia in solution), or by enemata of laudanum. Careful inhalation of chloroform also gives great relief. Emetics or laxatives are not to be given during the attack. Small pieces of ice in the mouth are most efficacious in relieving vomiting. A hot bath 100° to 110° should be immediately prepared; or if this cannot be procured, fomentations, or a large linseed poultice, should be applied over the abdomen. After the passage of the calculus, a short course of neutral salts, or of the Cheltenham or Leamington waters, ought to be taken. During the intervals between the attacks of gall-stone colic, the waters of Vichy, Vals, Karlsbad, and Ems, should be used as drinks and baths. Fresh laxative vegetable food, fruit and whey, ought to constitute the staple articles of a regulated diet. All fat should be as much as possible excluded from food, and the plainest diet, in the form of roasted meats or boiled meats, with vegetables and farinaceous food, should be rigidly proportioned to the wants of the system. The drinks should be water or lemonade, and an avoidance of alcoholic or malted stimulants.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that in the treatment of gall-stone colic, the bold employment of opium deserves the most reliance. We may give twelve drops of laudanum or a quarter of a grain of acetate of morphia at a dose, and repeat it every hour or two till there is a slight narcotism. If the patients reject it, we may give subcutaneous injections of a strong solution of morphia, or enemata of laudanum, or let the patient carefully inhale chloroform. Warm baths, also, as well as warm narcotic compresses over the liver occasionally, appear to moderate the pain and shorten the attack. If this be, nevertheless, protracted, and the region of the liver become very sensitive to pressure, we should apply a number of leeches to the right hypochondrium. Ice may be given for the severe and occasionally very obstinate vomiting. Emetics are dangerous. After the attack mild laxatives to remove any concretions. In inflammations and ulcerations of the bile-passages, the symptoms must be treated, as we are unable to remove the exciting cause. Fluctuating abscesses in the abdominal walls should be opened early.

Dr. HABERSHON (*Lettsomian Lectures on the Pathology and Treatment of some Diseases of the Liver*, pp. 91, London, 1872) divides the treatment into that which is calculated to relieve the paroxysm; that which lessens the jaundice; and thirdly, that which is designed to prevent the recurrence of the attack. As to the first, the intensity of the pain calls for immediate attention, and, by means of the hypodermic injection of morphia and the inhalation of chloroform, we are enabled to afford considerable relief. Externally hot fomentations may be applied; or, what is more effectual, the mixed chloroform liniment, belladonna liniment, and aconite liniment—half an ounce of the two first, and a drachm of the latter. If the bowels are confined, they should be acted upon by a free mercurial purgative and warm saline draught, or by

an enema. In hastening the removal of the jaundice, an unstimulating diet and gentle action on the bowels are the best means to employ; and the saline mineral waters are often of great assistance, but must be administered with caution. Alkalies may be used with advantage, not only in facilitating the discharge of inspissated bile, but in lessening duodenal irritation. It is of great importance also, where other calculi are retained, and also where much irritation has been left after the passage of a calculus, that there should be no fresh source of irritation to the pyloric region of the stomach and the first portion of the duodenum. Bismuth with alkalies is of some value in diminishing this gastric sensibility; but, whilst anæsthetics and anodynes afford immediate relief, and alkalies promote recovery, a great amount of patience is required by the medical attendant, as well as by the patient, lest the disease be aggravated by over-active treatment.

Dr. BUCKLER (*Lancet*, Feb. 13, 1869) recommends the joint administration of chloroform and succinate of peroxide of iron for the dilution of gall-stones, and states that in his hands the remedies have proved very successful, the latter drug being administered for some time continuously.

Dr. MURCHISON (*Diseases of the Liver*, pp. 566, London, 1868) says when there is reason to believe that a gall-stone is passing along the bile-duct, it will be well when possible to put the patient in a warm bath, and in all cases to apply heat locally in the form of warm fomentations and poultices. If there be much tenderness on pressure, a few leeches should be applied over the region of the gall-bladder. Along with these measures, morphia should be subcutaneously injected beneath the skin of the arm—a quarter of a grain repeated from time to time according to its effect. Belladonna—half a grain every two or three hours—and chloroform by the mouth or in the form of inha-

lation, are sometimes of marked utility. Immediate relief is often afforded by large draughts of hot water, containing from one to two drachms of bicarbonate of soda and a few drops of laudanum to the pint. Vomiting of the food which is in the stomach does not require to be checked, but when there is frequent and severe retching, attended with pain, its continuance must be checked by effervescing draughts, hydrocyanic acid, and ice. Strong purgatives are of little use; they exhaust the patient. If the bowels be confined, they ought to be emptied by large enemata of warm water; and when the symptoms make it probable that the stone has escaped into the duodenum, purgatives and copious injections of warm water will hasten the discharge of both it and the accumulated bile. When symptoms of inflamed gall-bladder—fever with pain, tenderness, and often a distinct tumour—supervene upon those of gall-stones in the ducts, rest, opium, and leeches, is the treatment recommended. When symptoms of gall-stones in the gall-bladder or ducts, or of inflammation of the gall-bladder, are followed by those of ileus, warm baths and fomentations, opium in full and repeated doses, and copious enemata of warm water and oil, are the measures most to be relied on. In all cases where there is reason to believe that intestinal obstruction is due to biliary concretions, the rectum should be examined; now and then the obstruction is situated immediately above the sphincter, and can be removed by the finger or scarp.

Gastritis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends blood-letting early in the disease, if the pain be severe, notwithstanding the smallness and feebleness of the pulse. Apply leeches to the epigastrium, and cover the bleeding bites with a soft, light poultice; keep the patient in the horizontal posture. Enemata are useful; of warm water, if the bowels are not much confined; of purgative materials if they are. After the intestines

have been thus cleared, opiate injections (thirty or forty drops of laudaum, with three or four ounces of starch or gruel), do much good by tranquillizing the irritable stomach and checking the vomiting. When any *corrosive* substance has been swallowed, pains should of course be taken to remove it as speedily as possible, or to administer such remedies as are known to be capable of decomposing the poison, or of affording a specific antidote to it.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes emetics when the stomach has been overloaded; one scruple of ipecacuanha, with one grain of tartrate of antimony, is the most efficient. When injurious matters have passed into the bowels, causing flatulence and colicky pains, mild laxatives, such as rhubarb, or compound infusion or mixture of senna, or fluid magnesia, may be required. In acute gastritis mercurial purgatives by calomel are of great service. Iced water to drink tends to allay thirst and to appease pain, and hot-water fomentations are of great benefit. In chronic gastritis, nitrate of silver has been advocated by Drs. James, Johnson, Symonds, and Fleming.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that abstraction of blood, general as well as local, may be dispensed with. In severe cases, characterised by excessive vomiting and thirst, cold is serviceable—ice internally and cold compresses to the abdomen, frequently renewed. Carbonic acid given as effervescing powder, or as carbonic-acid water, affords temporary relief. The carbonates of the alkalies deserve full consideration in the later stages of acute gastric catarrh. The vomiting and diarrhœa, if moderate, may be regarded as favourable symptoms, and require no special treatment; if excessive, opium is the most usual prescription. If, in the later stages, the

painful attacks of vomiting which, from time to time, throw out quantities of mucus, the loss of appetite, or the slow recovery, cause an obstinate continuance of the affection, it may be necessary to give an emetic. In gastric catarrh, caused by catching cold, the causal indications demand diaphoretic treatment. Patients with acute gastric catarrh should be kept without food for awhile. If the disease is protracted—if it is accompanied by fever, or if, on account of the consumption of tissue, caused by the fever, we fear continuing the starvation—we should give nourishment in the fluid form. In choosing this nourishment we should remember that the gastric secretion is rendered alkaline from the admixture of mucus, and its digestive power greatly impaired. Hence we should usually forbid milk, eggs, and meats, which require acid gastric juice for their assimilation, and as long as there are no signs of abnormal formation of acid we should only permit amylaceous food. The so-called water-soups are very suitable nourishment for persons with protracted gastric catarrh.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) in most cases relies on purgative enemata at the outset, followed by opium, the sucking of ice, and perhaps a little cold arrowroot or gruel. In some cases fomentations applied to the epigastrium give much relief. When any of the corrosive poisons have been taken, emetics will very rarely be necessary, since these agents themselves induce severe vomiting. The stomach-pump should never be used. During convalescence great care will be required in regulating the diet, farinaceous substances and broths being chiefly allowed, and only in small quantities at a time.

Dr. SCHLIEP (*Lancet*, Dec. 14, 1872) remarks that in many cases of chronic gastric catarrh and dilatation, the results of the application of the stomach-pump

had been eminently satisfactory. In some cases it was found desirable to wash out the stomach with solutions of various medicines; and he tried soda, creosote, boracic acid, and permanganate of potash, with good effect. The patients soon became accustomed to the introduction of the pipes, and after several applications the unpleasantness of the operation disappeared entirely.

Dr. G. B. WOOD (*Treatise on the Practice of Medicine*, 5th edit. 2 vols. Philadelphia, 1866) is of opinion that no one remedy in the treatment of acute gastritis is more important than leeches to the epigastrium. In the intervals between the leeching, warm fomentations, or light emollient cataplasms, should be applied over the region of the stomach, unless found very oppressive by their weight. In the advanced stages decided benefit will sometimes accrue from blistering, dressings of mercurial ointment, and to relieve nausea and vomiting the endermic use of morphia. Internally calomel may often be usefully given in the earlier stage. The bowels should afterwards be kept open by enemata; effervescing drinks to relieve sickness. The patient should not be allowed to drink largely, but he will derive benefit from occasionally swallowing a mouthful of cold water, or from keeping ice in his mouth and swallowing it as it dissolves. Iced lemonade or carbonic acid water may be substituted for pure water. In the early stages, no other nutriment should be allowed than a solution of gum arabic, weak barley-water, or some other mucilaginous or farinaceous drink; but in the more advanced stages, when the debility is great, fresh milk mixed with lime-water, given in small quantities, will be found beneficial. In a still more advanced stage, chicken broth, plain cream, or ice cream. In convalescence, the utmost caution is necessary.

Dr. FENWICK (*The Stomach and Duodenum*, pp. 394, London, 1868) has never had occasion to bleed or to use

leeches. The epigastrium should be constantly covered with hot bran-poultices, renewed as often as they become cool. The bowels should be relieved by purgative enemata, and, where the tongue is very foul, a dose of calomel should be given. As soon as the violence of the symptoms has abated, a mixture of nitrate of potash and hydrocyanic acid will lessen the vomiting and thirst. We should give no food by the mouth, but trust to enemata of milk or beef-tea. As soon as the vomiting and pain subside, barley-water, thin arrowroot, or milk and water, may be ordered in very small quantities at a time. Ice is invaluable, and if the depression be very great, brandy may be mixed with it. In sub-acute gastritis the diet should be restricted to milk, arrowroot, beef-tea, &c. Leeches to the epigastrium are often of great service. Fomentations and poultices are also useful; blisters or croton-oil liniment are of value as soon as the more acute symptoms have subsided. When the complexion is sallow, or the alvine evacuations are deficient in bile, a few doses of calomel or blue pill may be prescribed. If constipation be present, enemata, or some gentle aperient electuary, are the best means of relieving the bowels. Sedatives, such as morphia and hydrocyanic acid, are commonly, required; and when the stomach will bear other medicine, small doses of the nitrate or of citrate of potass hasten the cure.

Glanders.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) regulates the nutritive functions and supports the powers of the constitution by generous diet and tonics. He recommends arsenic, strychnine, and the tincture of the perchloride of iron. For the eruption a solution of nitrate of silver in nitric ether, twenty grains to the ounce, or the tinctura picis cum sapone. The nostrils, when affected, should be injected with a solution of chloride of zinc, two to six grains to the ounce, night and morning, care being taken

to prevent the solution from being swallowed. A solution of table salt, or chlorate of soda, or carbolic acid, might also prove useful.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that prevention of constitutional infection, by vigorous destruction of the point of inoculation of the glanders, can only be hoped for immediately after contact of the virus with the wound. A treatment of the symptoms, in which local disturbance, fever, and the strength of the patient, are taken into account, is the one most to be commended. Calomel in large doses, iodine, Fowler's solution, injections of a strong solution of creosote into the nostrils, and the cold-water cure—remedies proposed—are all productive of but little benefit.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869) thinks that the sulphite of soda or magnesia should be tried at the outset. In chronic farcy a cure has been effected by large doses of iodide of potassium, and bark. Stimulants, good nourishing food and pure air, will be necessary in all cases. The abscesses should be opened and washed with plenty of water containing a little chloride of zinc, or some other disinfectant. The vapour bath, and the internal administration of carbolic acid, might have a beneficial effect.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) thinks carbolic acid and the sulphites, as sulphite of soda, most worthy of trial. Locally, he would use creosote or carbolic acid dissolved in glycerine—dilute chlorinated soda and lime-water.

Glossitis.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says, in acute glossitis, bleeding, blisters and purging, are useless; leeches to the tongue increase the evil. We should rather scarify it deeply and boldly, for the swelling will protect the

ranine artery. We may also lay pieces of ice in the mouth, and give soothing mouth-washes when the symptoms have moderated. If deep incisions fail, and suffocation threaten, tracheotomy may be necessary.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends active purgatives by means of enemata, the vapour of hot water applied to the tongue itself, and, if necessary, incisions to relieve the tension, or to let out the pus if the morbid action has gone on to suppuration. If suffocation be threatened, tracheotomy ought to be performed.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) is of opinion that active cathartics given as enemata are of great service. Blood must be taken directly from the tongue; incisions along the inflamed organ, followed by the action of the vapour of hot water, may reduce the swelling and relieve congestion. If suffocation is imminent, tracheotomy or laryngotomy may be performed.

Gonorrhœa.—Mr. F. C. SKEY, F.R.S. (*Lancet*, July 30, 1870) believes a mild aperient or two to be unobjectionable, and he has found benefit from a powder containing twenty grains of jalap and two drachms of powdered gum arabic, taken at night in half a tumbler of milk. This may be repeated for two or three nights, and then we should abstain from active exercise for a week or ten days, adhering to the usual habits of diet, unless the daily consumption of wine or other alcoholic drinks is large. As early as the local pain and the profuse discharge are somewhat reduced, Mr. Skey advises us to resort to iron, quinine, or other tonics, and to increase the consumption of wine on the same tonic principle, commencing with a moderate dose, and increasing the quantity rapidly up to a full dose of the compound medicine. Mr. Skey generally prescribes ten or twelve grains of citrate of quinine and iron twice daily. At the expiration of about a week from

the commencement of the treatment by tonics, a simple injection of one grain of sulphate of zinc to the ounce of water, to be used night and morning, and then thrice daily. It may be necessary towards the latter stage, if the progress is slow, to add ten minims of copaiba balsam twice daily. Beer is unobjectionable.

Mr. THOMAS BRYANT (*Lancet*, March 16, 1867) finds no treatment so successful as the alkaline. He gives the tartrate of potash in scruple or half-drachm doses three or four times a day; and in cases that have passed through the acute stage he adds the potassio-tartrate of iron. In many cases of chronic gonorrhœa the tincture of the muriate of iron acts very beneficially.

Mr. W. JOHNSON SMITH (*Lancet*, March 19, 1870) considers the chief remedies in acute gonorrhœa are the alkalies, tincture of aconite, bromide of potassium, and the balsams, of which the oil of yellow sandal-wood is by far the most efficacious. In mild and subacute cases of gonorrhœal epididymitis the only treatment required is to keep the patient in the recumbent position, with the scrotum elevated, for two or three days. In very acute cases puncture of the testicle is a very beneficial proceeding.

M. DEMARQUAY (*Annales de Dermatologie et de Syphiligraphie*, No. VI., 1871), recommends the ethereal extract of cubebs given at the end of the acute period of the affection, in doses of from four to eight capsules daily; these represent from thirty to sixty grammes of cubebs.

Dr. JOHN O'REILLY (*New York Medical Record*, Sept. 1, 1871), in recommending warm-water injections, says that the subjoined conclusions may be drawn from his experience:—1. That gonorrhœa yields to local treatment, and even water injections. 2. That water injections or medicated lotions owe their efficiency to their frequent application. 3. That the common small syringe should be done away with in treating this disease, and

none used but those throwing a continuous stream. 4. That large injections, by fully distending the mucous membrane of the urethra, insure a speedier cure than those less copious.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. p. 487, Philadelphia, 1871) is of opinion that at first, during the height of the inflammation, rest in bed, low diet, Epsom salts, and free draughts of flaxseed-tea, comprise the best treatment. As soon as the activity of the urethritis has subsided, injections may be used of nitrate of silver (gr.i to gr.iv in f.̄3i) sub-acetate of lead (gr.xv in ̄3j), sulphate of copper (gr.i in ̄3j), sulphate of zinc (gr.ii in ̄3j). Glycerine may be added with advantage. Copaiba and cubebs come in well, one after the other; first the copaiba, and then the cubebs (in half fluid drachm doses of the former, in mucilage, and ten to twenty-grain doses of the latter), when the inflammation is subsiding.

Dr. GUSTAVE SHANE (*Medical and Surgical Reporter*) reports twenty-three cases of gonorrhœa which were quickly cured by the aid of cold—ice to the perinæum—and an alkali to secure its reaction upon the urine.

Dr. GISEN (*New York Medical Record*, Sept. 1, 1871), after a full dose of sulphate of magnesia, directs the patient to take the following:—Balsam. copaib., sweet nitre, paregoric, āā one oz.; Norwood's tr. of veratrum, one dr.; m. A teaspoonful every four or five hours until the acute symptoms abate, when a dose every eight hours for a few days is nearly always sufficient to effect a cure. Locally, the patient applies cloths wet with cold alum-water constantly to the penis, until pain and heat subside.

Dr. THOMAS HILL (*Richmond and Louisville Medical Journal*) treats this disease in the following manner:—He injects the urethra every half-hour with cold water, for about twelve hours, keeping a cloth wet with cold

water to the parts. After the inflammation seems to be partially subdued, he uses the following:—℞ acid. carbonici gtt.v to x; glycerinæ aquæ, āā ʒss; m. This to be used three times in the twenty-four hours. He says he has yet to see the patient (who followed these directions) who was not entirely relieved in three days. The recumbent position is absolutely requisite. If any internal remedy is necessary, a good dose of Epsom salts is the best. If the scalding of urine is very severe, a teaspoonful of sodæ bicarb. will be found very effectual.

Mr. PHILIP MIALL (*Lancet*, Jan. 7, 1871) for the last four years has used permanganate of potash as an injection in gonorrhœa. In the acute stages, if injections are applicable, it is, he thinks, inferior to acetate of lead; in the third, or chronic stage, it will often cause a speedy cure. It has often cured long-standing cases where everything has been tried. In gleet it will frequently be found of service. Mr. Miall's prescription has generally been a drachm of Condry's solution mixed with a pint of water.

Dr. H. W. A. BEACH (*Boston Medical and Surgical Journal*, Nov. 5, 1868) recommends the oil of yellow sandal-wood—that of the white is not effective. The best and easiest method of administration is to drop the oil on sugar—ten to twenty drops three times a day. In ordinary cases, when the treatment has been commenced early, five to seven days have sufficed for a cure.

M. LUC (*L'Union Médicale*, No. CIV., 1857) uses an injection of finely-powdered starch mixed with luke-warm water, so as to obtain a fluid of the substance of cream, but thin enough to allow of injection.

Dr. HENRY VEALE (*Edinburgh Medical Journal*, No. CXXXIX.) states that the application of blisters to the groin, below Poupart's ligament, is a most speedy and effectual plan of cure.

Dr. DYES (*Deutsche Klin.* No. XLIII., 1866) says the best way to treat gonorrhœa consists in first of all sub-

duing the inflammation of the urethral mucous membrane by soothing mucilaginous and cooling medicine, combined with a spare diet and rest ; and directly after the removal of the inflammatory condition an injection of zinci sulph. gr.iii, aq. ʒss. It is put forward as a very important rule that an injection should never be given twice on the same day. At first the injection is not repeated before the third day, and after three injections it is repeated again on the fourth day. Six to nine injections are generally sufficient.

Gout.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) divides the treatment into that which is proper during the paroxysm, and that which is proper during the intervals between the paroxysms. In a regular fit of the gout fifty or sixty minims of the *vinum colchici*, in a saline draught, at bed-time ; and half a drachm more, in a warm black dose, the next morning, may be administered. In the intervals between the attacks the treatment must be chiefly regimenal. Gout in the stomach may frequently be removed by antacids—magnesia in full doses with rhubarb. If this do not succeed, opium, by mouth or enemata. Mustard-poultice or turpentine stupe over the epigastrium has been followed by strikingly good effects. The feet should be enveloped in a mustard-poultice whatever may be the internal organ upon which the gouty disorder has settled.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) observes that in treating gout we should write few prescriptions, but should regulate the habits of the patients. Gouty patients must be absolutely forbidden to go to dinners. It is best for them to eat only vegetables, soups, &c., and to have meat only once a day. The use of beer and wine is injurious. Tea and coffee are also injurious. Active exercise is important. The springs calculated as being antiarthritic are those of Vichy, Karlsbad, Marienbad, Kissengen,

Homburg, &c. Advantageous as the above treatment proves in recent cases of regular gout, if carefully and judiciously instituted, there is often great harm done by excessive limitation of the supply of nourishment. As soon as gouty patients begin to show signs of general cachexia, we should prescribe nutritive diet, and even allow wine; and it is always better to let the patient use the ferruginous, alkaline-saline and alkaline-muriatic mineral waters, such as Eger, Kissengen, or Homburg, than to prescribe simple chalybeate waters, or preparations of iron. In the later stages of the disease the akroto-thermal springs, Wildbad, Gastern, Pfaffers, &c., are very serviceable. In attacks of acute and chronic gout, the narcotics, and above all colchicum, should be freely given—twenty to forty drops of the tincture four times daily—also plenty of acid drink. During the attack the affected limb should be elevated and covered with cotton wool, and the patient placed on low diet.

Dr. A. B. GARROD (*Medical Times and Gazette*, March 8, 1873) is of opinion that salts of lithium are far superior to salts of potassium as remedial agents in cases of gout and gravel. By means of from twenty to thirty grains of lithium the urine can be kept as full in quantity, the specific gravity as low, and the freedom from sand as great, as from the use of from 120 to 180 grains of citrate of potassium; and that when under the influence of the lithium salts no debility is experienced, whereas the lowering is often well marked when the citrate of potassium is exhibited.

Dr. FONTAINE (*Gazette Hebdomadaire*, No. IV., 1870) recognises the great efficacy of colchicum in the treatment of the early stage of gout; he gives the preference to the tincture of the seeds. He admits that the administration of colchicum ought to be frequently interrupted, but he pushes prudence to the length of stating that one ought not to prolong its use beyond the second or third

day. M. Fontaine administers the colchicum in an enema. By this method he thinks a too violent effect of the medicinal agent is avoided. The effect of the injection is more tardy and more moderate; it is not generally felt before the fifteenth or twentieth hour after the administration. In order to combat the diathesis Dr. Fontaine has recourse to three medicinal agents—arseniate of potash, chlorate of potash, and benzoate of lime. The arseniate of potash is administered continuously, but in very small doses; to this arsenical salt is attributed a restorative action, the blood corpuscles are renewed, and the functions of combustion regulated. The chlorate of potash is recommended for the purpose of oxodyzing the uric acid. The benzoate of lime is prescribed, not with the view of converting the urate into the more soluble hippurate of soda, but to bring to bear its solvent action upon the urinary compounds, and to exert its slightly diuretic action.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) says laxatives must always be employed; not violent, but mild warm aperients such as aloes, senna, rhubarb, jalap, &c. Colchicum ought not to be administered until the bowels have been well opened; and it must be given not so as to gripe and purge, but in small doses, easily borne without pain or inconvenience. The affected limb must be kept elevated and warm; and the painful part should be covered with a poultice, on which some extract of belladonna may be spread, or some tincture of opium sprinkled. When gout attacks the stomach, an emetic should be given, if any suspicion exist that this viscus is loaded; followed by a sinapism or turpentine stupe to the epigastrium. If these means fail, the author would cautiously give a little brandy-and-water, or some tincture of opium or the liquor opii sedativus, with sulphuric ether. After an attack of gout the patient should pay a visit to some of the mineral

waters: to Bath, Buxton, Cheltenham, or Leamington; or to Wiesbaden, Vichy, Carlsbad, or Aix-la-Chapelle, will be productive of the greatest benefit.

Dr. DITTERICH (*Schmidt's Jahr. der Gesamm. Med.* Oct. 1871) considers lithia the most powerful remedy in gout and the morbid conditions depending upon excess of uric acid. The usual doses—five to ten grains—according to Professor Ditterich, are much too large to act beneficially, and the single dose should never exceed twelve centigrammes (a centigramme is the hundredth part of a gramme, which is about fifteen grains), and in twenty-five hours not more than a gramme should be given altogether. In the acute form lithia is unsuitable, but in chronic the carbonate may be given in the proportion of half a gramme (about seven and a half grains) in a hundred and fifty grammes of distilled water, one or two teaspoonfuls to be taken every two hours. Thus administered the lithia causes no inconvenience, and generally affords relief in from eight to fifteen days, during which the painful parts are covered with socks or linen coverings.

Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872) says warm anodyne lotions or fomentations may be used, and the part afterwards lightly covered or encased in flannel or fine wool, while the limb is at the same time to be kept elevated. A warm mixture of tincture of aconite (f. $\bar{3}$ iss to f. $\bar{3}$ iv of milk) may be applied by means of linen compresses, and frequently renewed. Blisters are of advantage in asthenic chronic cases, when the inflammation has a tendency to linger in the articulations, and to cause liquid effusion; in the early fits of sthenic gout they are unnecessary, and are contra-indicated in advanced gout, when the kidneys have become impaired, and also in cases of extreme gouty deposits. In the general treatment of gout, bleeding is now generally restricted to two methods, viz. (1) by leeches

to the part where the inflammation rises so high, or is so chronic, as to threaten the patient with the permanent loss of the use of some joint; and to cases of metastasis of the disease to the stomach or other internal organ, when leeches are absolutely necessary; (2) general blood-letting. Neutral salts are not only safe, but efficient in relieving the gout; half a drachm to a drachm of sulphate of magnesia, combined with an anodyne, should be given every six, eight, or four hours, according to the state of the bowels and the acuteness of the symptoms. Colchicum, fifteen to sixty minims of the wine, in Seltzer or Vichy water, or combined with iodide of potassium every four, six, or eight hours, is valuable for its purgative qualities; it may be continued for some time in reduced doses, after all symptoms of gout have disappeared; the bowels ought to have been prepared before colchicum is given. Mercury is useful where it is desired to act upon the internal secretions, but it must not be given if the urine contains albumen. During the fit the diet should consist of slops and light puddings, and afterwards white fish till the paroxysm has diminished.

Dr. BENCE JONES (*Lectures on Pathology and Therapeutics*, p. 314, London, 1867) divides the treatment into two parts, the specific and the expectant. The former treatment consists in giving colchicum, veratine, or sabadilla; and the latter in preventing the accumulation of the urates in the serum and textures, and in promoting its elimination and oxidation. The accumulation may be prevented by strict diet, the elimination is best effected by increasing the flow of urine by means of water and diuretics; and the oxidation by air, diet, and medicine, the two most potent drugs being alkalies and iron.

Hæmatemesis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) says, if with the hæmatemesis there be any fever, or if, with or without much fever, there be tenderness at the epigas-

trium, leeches and fomentations should be applied. In cases where the catamenia desert their natural channel, it will be well—while means are taken to discourage the hæmatemesis, as iced drinks and so forth—to endeavour to solicit the discharge towards its right direction, by placing leeches upon the groins immediately before the period when the vicarious menstruation is expected; and by putting the feet at the same time into hot water, or even by laying the patients in a warm hip-bath.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) supports the patient by acid wines, and gives opiates to quiet the stomach. In hæmatemesis from cirrhosis, or other obstruction to the circulation through the liver, and in the vicarious hæmatemesis of women, leeches to the anal region or os uteri are of service. Ice may be given internally, and ice-cold compresses, frequently renewed, applied to the epigastric region. Alum, sulphuric acid, and tannin, are of service. In some respects the treatment is similar to that of hæmoptysis.

Dr. GEORGE JOHNSON (*British Medical Journal*, March 26, 1870), in directing attention to the treatment of this complaint, says absolute rest in bed is essential. The patient should be sustained by nutritive enemata. He may sip iced water. The most useful styptics are tannic acid in ten-grain doses, tincture of perchloride of iron in twenty-minim doses, or oil of turpentine in twenty-minim doses. In any case the author believes that the exclusion of food from the bleeding stomach is of more importance than the administration of medicine; yet he should always give one or other of the styptics named, if the bleeding continue in spite of abstinence and iced water. When the bleeding has ceased, liquid food may gradually and cautiously be given by the stomach; then solids; and lastly, iron is a most valuable restorative tonic.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869) says the treatment must consist in enjoining abstinence from food, perfect rest, and the horizontal posture; cool acidulous drinks, ice and gallic acid.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) regards cold as the most efficacious remedy in hæmorrhage from the stomach. 'We may let the patients swallow small quantities of ice-water or small pieces of ice, from time to time, and we may cover the epigastrium with cold-water or ice compresses, and renew them frequently. Of styptic medicines, the *mistura sulphurica acida*, or alum, particularly in the form of *serum lactis aluminatum*, are the best. A few leeches to the anus will sometimes do good. In women, who with amenorrhœa have periodical vomiting of blood, we may from time to time apply a few leeches to the os uteri. If syncope occur, we may hold eau-de-cologne or hartshorn to the nose, and sprinkle the face with water, and give cold champagne; but we must be careful about the internal administration of restoratives. In trying to arrest the unceasing inclination to vomit, we should be careful about the use of narcotics, and should preferably apply a sinapism to the pit of the stomach occasionally, and give a pinch of effervescing powder.

Dr. FENWICK (*The Stomach and Duodenum*, pp. 394, London, 1868) has generally trusted in severe cases to alum, to acetate of lead mixed with acetic acid, or to gallic acid. The patient should be confined to the recumbent posture. Frequent doses of dilute sulphuric acid will generally suffice to prevent a recurrence of the hæmorrhage; but if the weight at the stomach be again complained of, the former drugs must be given. The quantity of nourishment should be very limited. At first only iced water; but as soon as the bleeding appears to have stopped, iced-milk may be substituted. The return

to a more liberal supply of food should be very gradual; no solids should be permitted until some time after the attack. Perfect rest, both of body and mind, ought to be insisted on.

Dr. WILSON FOX (*Diseases of the Stomach*, pp. 236, London, 1872) advises rest and the administration of hæmostatics. In some cases, when the hæmorrhage proceeds from congestion through obstructed venous return, particularly when the cause resides in the liver, it is benefited by purgatives; but these are strongly contra-indicated in cases of ulcer and cancer. With the above exceptions, cold and astringents must be resorted to. Ice in small pieces, turpentine, acetate of lead, tannic acid, the perchloride of iron, or alum, or the infusion of matico, may also be tried. Dr. Wilson prefers lead in the majority of cases. When the hæmorrhage is severe, the head must be kept low. Brandy may be administered by the rectum, or ether inhaled. If temporarily arrested, abstinence from food should be practised as completely as possible for some time, and nutriment should only be given in a fluid form, in very small quantities, and cold.

Hæmaturia.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) states that the treatment of hæmaturia resolves itself, in most cases, into the treatment of the disorder, or bodily condition, with which the hæmorrhage is associated, and of which it is merely a symptom. When (says Dr. Prout) the bladder becomes distended with blood, and complete retention of urine takes place, recourse may be had to a large-eyed catheter, and an exhausting syringe, by the aid of which, and the occasional injection of cold water, the coagula may be broken down and removed. If the bladder becomes again distended, the injection of cold water into the rectum or bladder is sometimes of great use; and should these means fail, from twenty to forty grains of

alum may be dissolved in each pint of water injected into the bladder—a remedy that seldom fails to check the bleeding, even when the cause is malignant disease. By the mouth the acetate of lead, gallic acid, or Ruspini's styptic, may be given.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends tincture of the perchloride of iron, m.x to m.xx three or four times daily, in combination with glycerine; and if there be much cardiac difficulty, with arterial excitement, it may be combined with digitalis; gallic acid with sulphuric acid may also be given; as also ipecacuanha, tannin, and acetate of lead and alum. Quinine or arsenic are the remedies indicated in malarious intermittent cases. Idiopathic hæmorrhage often readily yields to bitartrate of potash or to the mineral acids. Injections of cold water, or water in which twenty to forty grains of alum have been dissolved, into the bladder or up the rectum, and also a cold hip-bath, are useful applications.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) resorts to astringents, the best being the tincture of the sesquichloride of iron, gallic acid, the diluted sulphuric acid, or acetate of lead with opium. Sometimes the oil of turpentine, in fifteen or twenty-minim doses, will check the discharge. Where there is some morbid poison in the blood, warm baths and purgatives will prove the most effectual; while hæmorrhage from the urethra may often be checked by the application of ice, or by passing a large bougie, and leaving it in the passage for some hours. In vesical hæmorrhage a solution of alum (ʒi to ʒij to the pint of water) may be injected into the bladder.

Dr. STILLÉ (*Therapeutics and Materia Medica*, 2 vols. Philadelphia, 1868) says that hæmaturia is perhaps the form of internal hæmorrhage in which the action of gallic acid has been most favourable. Alum, too, has been

found efficient, whether the bleeding has its source in the kidneys, the ureters, or the bladder.

Dr. RAMSKILL (*British Medical Journal*, June 19, 1867) mentions that, in a case of cancer of the bladder, the hæmaturia was checked by half-drachm doses of bitartrate of potash three times a day. In two-drachm doses it is equally as effectual in checking bleeding from hæmorrhoids.

Dr. WILLIAM ROBERTS (*Urinary Diseases*, 2nd edit. London, 1873) says, in the hyperæmia of the kidneys which occur in acute Bright's disease, after over-doses of turpentine and cantharides, after blows, falls, muscular efforts, and other external injuries, hæmaturia is a positive relief to the loaded vessels; and were it not that the effused blood is prone to coagulate in the uriniferous tubes, and produce a physical obstacle to the excretia of urine of a most dangerous character, the hæmorrhage (unless excessive) might safely be left to its own course. To relieve the congestion in these cases, derivation by the loins (cupping, &c.), by the cutaneous surface (baths, diaphoretics), and by the intestines (hydragogue cathartics), must be energetically practised. When hæmaturia is supplementary to hæmorrhoidal discharges, leeches may be applied about the anus. The internal remedies of most avail in passive hæmaturia *in the course* of zymotic disease, are the mineral acids, especially sulphuric. When our object is simply to treat the hæmaturia for itself—to stay the loss of blood—perfect rest should be enjoined, and cold applied in the most effective manner. If the kidneys be the source of the blood, ice-poultices to the loins; if the bladder, iced water injections and iced cloths to the perineum and epigastrium. Internally, gallic acid, acetate of lead, alum, ergot of rye, tincture of muriate of iron, turpentine and matico. If the hæmorrhage be so profuse that the bladder becomes distended with blood, recourse must be had to the catheter,

and an exhausting syringe, and the occasional injection of cold water. Should these means fail, from twenty to forty grains of alum may be dissolved in each pint of water injected into the bladder.

Hæmoptysis.—Dr. NIEMEYER (*Text Book of Practical Medicine*), 8th edit. 2 vols. London, 1873) calms the patient, takes care that the room is cool, forbids all hot drinks, interdicts all conversation, makes the patient stoutly resist the provocation to cough, removes all clothing which press upon and confine the chest, and causes the patient to assume a half-sitting posture in bed. The most powerful means of combating the bleeding is the use of cold applied as follows:—Fill a tin or copper warming-pan with ice, salt, and water, then lay it upon a well-squeezed wet compress, the moisture of which soon freezes. These compresses are greatly to be preferred to the heavy bladders of ice. In addition to this the patient should swallow small pieces of ice, or small doses of ice-water; or the cold may be applied in the form of clysters, to which a little vinegar may be added. Besides cold, and before all other remedies, come common salt and the acids. The patient should be made to swallow one or two spoonfuls of finely-powdered dry salt. Sulphuric or phosphoric acids are still more preferable. Narcotics should be employed freely. Dover's powder at night, and during the day an emulsion with half a drachm of laudanum, or half a grain of morphine.

Dr. GEORGE JOHNSON (*British Medical Journal*) recommends rest and sucking of ice, or local application of ice, gallic acid in ten-grain doses every three hours, or the liquid extract of ergot in half-drachm doses. Oil of turpentine in twenty-drop doses, or the inhalation of turpentine, is recommended. Lastly, an emetic of sulphate of zinc or ipecacuanha and of antimony is advised.

Dr. HORACE DOBELL (*British Medical Journal*, June 27, 1868) gives the following as the most efficacious, and

as it seems to him, the most rational, combination of remedies for a case of tubercular pulmonary hæmorrhage: \mathcal{R} . Ext. ergotæ liq. ʒij (to contract the vessels), tincturæ digitalis ʒij (to steady the heart), acidi gallici ʒj (to clot the blood), magn. sulphatis ʒvj (to relieve congestion), acidi sulphurici diluti ʒj (to assist the rest), infusi rosæ acidi, ad ʒviij (to make a mixture). A sixth part every three hours till hæmorrhage is arrested. In any given case either of the ingredients may be omitted, if the symptoms indicate that it is not required, or that it has already done its duty.

Dr. A. T. H. WATERS (*British Medical Journal*, March 11th, 1870) believes that the best remedy we can use, the safest, the most rapid, and the most effectual, is gallic acid, in not less than ten grains every hour, or every two, three, or four hours, according to the severity of the case. He next gives the preference to sulphuric acid combined with quinine and iron in slight cases of hæmoptysis, and to the acetate of lead. In severe cases ice should be applied in a bag to the chest, but should not be kept on sufficiently long to produce a chill.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869) has found no remedy so efficacious as gallic acid—ten or fifteen grains every two or three hours. When there are indications of great anæmia, from five to ten grains of the ammonia-sulphate of iron may be preferable to gallic acid. The patient is not to be reduced by low diet. To prevent the recurrence of the bleeding, Dr. Tanner has some confidence in the inhalation of atomized astringent fluids. Tannic acid has especially seemed serviceable when thus employed.

Dr. HOLDEN (*Medical and Surgical Reporter*, No. 758) calls the attention of the profession to a method of treatment of hæmoptysis, which, while most simple and efficacious, he has not seen described by any, viz. the throwing of the atomized vapour of a saturated solution of gallic acid directly into the mouth and throat.

Dr. DYCE DUCKWORTH (*Practitioner*, Aug. 1870) discusses the practice of treating hæmoptysis with styptic remedies, and maintains that they may be dispensed with in favour of a more simple plan. On the occurrence of hæmoptysis, a simple astringent or slightly aperient medicine should be given; a good form is m.x to m.xv of dilute sulphuric acid, and ʒss to ʒj of sulphate of magnesia in some spearmint water, every half-hour at first, and then less frequently. In addition to suitable posture (semi-erect), absolute silence should be enjoined, and the patient urged to refrain from coughing as much as possible. Should the bleeding continue, we should place a bladder of ice or a frozen compress between the scapulæ for a short time. Should this fail, tinct. digitalis should be given (m.x or m.xv) with each dose of the astringent saline. In addition to this a blister should be painted under the clavicle of the side believed to be affected.

Hay Fever.—Dr. FULLER (*Diseases of the Lungs and Air Passages*, 2nd edit. pp. 534, London, 1867) reports ten cases effectually cured by means of sulphate of zinc administered internally in gradually increasing doses, whilst zinc lotion was applied to the eyes, and a lotion composed of eight grains of sulphate of zinc and an ounce of glycerine to the lining membrane of the nostrils. Still more recently Dr. Fuller has subdued the symptoms by five-grain doses of quinine and the inhalation of atomized water holding zinc in solution; and one lady, in whom zinc proved of no avail, was benefited by the use of arsenic given internally and inhaled in the same manner.

Dr. ABBOTTS SMITH (*Hay Fever, Asthma, and Summer Catarrh*) divides the treatment into two parts, the prophylactic and the curative, or palliative. The former consists chiefly in the avoidance of the exciting causes of the disorder, such as the aroma of ripe grass or newly-made hay and of strong-smelling flowers, &c., protection

from the heat of the sun, especially about mid-day, and only a moderate amount of out-door exercise. Removal to the sea side is sometimes found beneficial, especially in those cases in which the febrile or asthmatic symptoms predominate. When the affection has actually made its appearance, warm fomentations, with either water or decoction of poppies, will relieve the swelling, pain, and irritation of the conjunctivæ and eyelids. Glycerine or cold cream should be applied to the interior of the nostrils. Inhalation of the steam of hot water (either simple or medicated) will be found valuable. For internal administration, lobelia in full doses of the tincture three or four times a day; the preparations of opium, especially the tinct. camph. co. Tobacco-smoking sometimes effects wonders. Bromide of potassium or ammonium will prove efficacious in cases where the irritability of faucial or bronchial is extreme. When the patient's constitution requires invigorating treatment, quinine, quassia, or gentian, or the preparations of iron, zinc and arsenic, and other mineral tonics, may be administered. In all cases an occasional saline cooling aperient. Nutritious, easily digested diet, with pale ale, sherry, or claret, at lunch and dinner. All vegetables, excepting potatoes or salads, should be avoided, as well as tea, for which coffee, cocoa, or chocolate may be substituted.

Dr. WALSHE recommends a trial of creosote inhalations once or twice daily, having seen remarkably satisfactory effects from them in two instances.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) advises the use of a respirator of fine cotton, which would absolutely prevent the disease, if the pathology be accepted which regards it as the result of irritation from fine particles of matter floating in the air.

Headache.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871), for hemi-crania associated with evident anæmia, prescribes steel and the shower bath. When its visits are strictly periodical,

quinine. Arsenic, four or six drops of liq. arsenicalis, given three or four times a day, with due attention to the state of the bowels, Sir Thomas believes will be almost sure to remove hemicrania in nine cases out of ten in which it occurs.

Dr. KENNION (*British Medical Journal*, June 13, 1868) mentions the bi-sulphide of carbon in solution as a cure for neuralgic, periodic, hysterical, and even many kinds of dyspeptic headache. Its mode of application is as follows: a small quantity of the solution (about two drachms) is poured upon cotton-wool, with which a small, wide-mouthed, glass-stoppered bottle is half filled. This, of course, absorbs the fluid, and when the remedy has to be used the mouth of the bottle is to be applied closely (so that none of the volatile vapour may escape) to the temple, or behind the ear, or as near as possible to the seat of pain, and so held for from three to six minutes. After it has been applied for a minute or two a sensation is felt as if several leeches were biting the part; and, after the lapse of two, three, or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. It may be re-applied, if necessary, three or four times in the day.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 676, London, 1873), in 'sick headache,' recommends a drop of the tincture of nux vomica in a teaspoonful of water, taken every five or ten minutes to the extent of eight or ten doses, and then continued at longer intervals.

Dr. WILKS (*British Medical Journal*, April 20, 1872) draws the attention of the profession to guarana as a remedy for sick headache.

Dr. CLIFFORD ALLBUTT (*British Medical Journal*, Jan. 11, 1873) has used guarana in several cases with results of so doubtful a kind that he is not encouraged to make many further experiments with it. It appears that this

drug suits certain cases only; the more purely 'nervous' the headaches the better the guarana is likely to answer.

Dr. YANDALL (*American Practitioner*, Feb. 1870) recommends the bromide of potassium as a cure for sick headache.

Dr. J. S. DAVIS (*ibid.*) states that he has fully verified the value of the bromide in such cases, and has never found anything comparable to it.

Dr. F. E. ANSTIE (*Practitioner*, Dec. 1872) writes that migraine, 'sick headache,' is a neuralgic affection, usually of the fifth nerve, and belongs essentially to the period of bodily development. It most frequently occurs in patients among whose ancestors epilepsy has existed. The best plan to cut short an attack is to place the patient's feet in hot water and mustard, letting him inhale the steam that rises. Drowsiness is often produced by this, and on lying down the patient will feel inclined to sleep. It is advisable to assist this feeling by a dose of chloral, but unfortunately this cannot always be tolerated by the stomach. If, however, this is not successful, or is not thought advisable, the alkaloid caffeine and the substantially identical theine, and guarinine, are each of them calculated to produce a peculiar effect in relieving the pain. The caffeine may be administered in doses of one to two grains by the mouth, or one-half or one grain sub-cutaneously injected. Should these measures fail, a good extract of Indian hemp should be given in quarter or half-grain doses.

M. DÉBORIT and M. GAUCHET (*Journal de Médecine*, 1871) have obtained favourable results from the combination of quinine with digitalis in the treatment of hemi-crania. M. Gauchet obtained the best results in those cases where the attacks occurred at the menstrual periods.

Dr. R. SILVER (*Medical and Surgical Reporter*) states that ergot is better for headache than any other single article of the materia medica.

Dr. LATHAM (*On Nervous or Sick Headache*, pp. 71,

Cambridge, 1873) says the treatment should vary according to the stage of the disease. When the patient is suffering from disturbed sensation, such means should be adopted as will increase the flow of blood to the head, and this can be best accomplished by posture and stimulants. The patient should lie down with his head as low as possible on the side opposite to that on which the glimmering has appeared. A glass of sherry, or an appropriate dose of some one of the diffusible stimuli, should be administered. During the stage of headache, if this be severe, absolute rest and quiet are enjoined. Where the exciting cause of the attack appears to be an error of diet, an emetic or purgative may relieve the symptoms. The author has also used, with advantage, hydrocyanic acid, chloroform, bromide of potassium, aromatic spirit of ammonia, and cold tea. The remedies which he recommends to be given during the intervals of the attacks are cod-liver oil, the bitter and ferruginous tonics, and strychnia. He has also used guarana, but has found it to be useful only when administered early in those cases in which the premonitory stage lasts for some little time. Where, on the other hand, the headache is developed suddenly, it is, he thinks, far less efficacious than many other medicines.

Heart Disease.—Dr. WALSHE (*Diseases of the Heart and Great Vessels*, 2th edit. p. 582, London, 1873), in the treatment of valvular disease, assuming the heart-force is in excess, says that the nourishment of this organ may be controlled by occasional leeching over, or even cupping in the vicinity of, the cardiac organ. Aconite, in doses of two minims and upwards of the B.P., may be given two or three times a day. The increase of tone is to be effected by quinine and iron, the mineral acids, the cautious use of nux vomica and strychnia, and, under certain circumstances, of digitalis. In regard of diet, no constantly applicable rules can be laid down, except that moderation is important both in solids and, especially, in

fluids. Exercise should never be pushed to fatigue, and laborious efforts of all kinds systematically avoided. Tobacco in any form is most strongly deprecated. Issues or setons to the præcordial region sometimes relieve local pain and discomfort; they are otherwise valueless. At the very earliest period of chronic inflammatory changes in the valves, it is possible that ioduretted frictions may promote absorptive action. The treatment of *palpitation*, *dropsy*, and of *anginal feelings*, is considered in the paragraphs indicated.

Dr. S. O. HABERSHON (*Guy's Hospital Reports*, 1867) lays down *seven* principles of treatment in all cases of heart disease.

The *first* is, as far as possible, to *lessen its work*; and this may to some extent be effected by mechanical rest, by a recumbent position, and by the avoiding sudden changes of temperature.

The *second* is to *insure regularity of action*, by avoiding mental excitement, by guarding against indigestion, and by never allowing constipation to continue.

The *third* is to *lessen distension*, especially of the right side of the heart, by purgatives, diuretics, and by mechanically diminishing the quantity of fluid in circulation.

The *fourth* is the prevention of syncope. With this view, sudden muscular movements must be avoided; stimulants may be required, as ammonia, brandy, &c.; and sedatives must be withheld or cautiously administered.

The *fifth* is to strengthen the muscular fibres of the heart by suitable nourishment, a bracing air, if other conditions allow; chalybeate medicines; and if the patient be exhausted by want of sleep, this symptom must, if possible, be relieved.

The *sixth* is to prevent fibrillation of the blood. For this purpose carbonate of ammonia will often be useful; other alkalies, as potash, soda, and other salts, may be

beneficial; but, if long continued, in considerable doses, they depress the action of the heart. The acetate and iodide of potash may be advantageously combined with the carbonate of ammonia, or perhaps the hydrochlorate of ammonia.

The *seventh* is to prevent secondary complications, and to relieve them when produced. These complications are:—1st, broncho-pneumonia and pleuritic effusion; 2nd, pulmonary apoplexy and other hæmorrhages; 3rd, visceral engorgement, as hepatic, and renal congestions, with ascitès and anasarca. By free acting on the bowels, the portal congestion is greatly diminished, and the liver is enabled to act in a normal manner. Thus a free mercurial purge is of great value. The kidneys may be excited to a more vigorous action by a combination of mercurial medicine with squill and with digitalis, when the latter can be borne. Salivation should be avoided. Diuretics are useful. An effectual way of diminishing the anasarca is by puncturing the skin on the thighs. The pulmonary engorgement is sometimes greatly reduced by applying cupping-glasses between the shoulders, or by the application of a blister to the chest.

Dr. AITKIN (*Science and Practice of Medicine*, 8th edit. 2 vols. London, 1872), in affections of the *aortic valves*, recommends a nutritious albuminous diet, with fluids in small quantity, a moderate and steady amount of exercise; tonics, especially preparations of iron. In *mitral* affections, if the patient be plethoric, the heart's action tumultuous, and its impulse forcible, cupping between the shoulders may afford immediate relief, and digitalis is advised as one of our most powerful remedies.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) states that the application of cold, in the form of a tin flask filled with ice-water, and worn upon the region of the heart, is of great benefit in hypertrophy of this organ. Digitalis in pure uncom-

plicated hypertrophy, is unsuitable; its use is indicated in diseases in which the action of the heart is weakened, but never in cases where it is augmented. In cases of dilatation iron should always be prescribed when any signs of anæmia or hydræmia are shown. All violent muscular effort should of course be forbidden, and the use of spirituous liquors restricted. When the liver swells, if the feet become oedematous, or the patient become cyanotic, digitalis should be given combined with an exclusively milk diet. In atrophy of the heart all violent efforts must of course be avoided, rich food be provided, and even the moderate employment of wine. Treatment of insufficiency of the aortic valves is essentially like treatment of cardiac hypertrophy. Immoderate eating and drinking, and bodily and mental excitement, are to be avoided; determination to the head is to be averted, by daily evacuations of the bowels; venesection is never to be practised, unless the brain be endangered by immoderate 'rush of blood.' Stricture of the aortic outlet requires measures of quite a different nature—rich animal food, and even the moderate use of wine, are quite as strongly indicated here as they are contra-indicated in insufficiency. Blood-letting must never be practised. Digitalis is most effective in the cases in which the action of the heart is so accelerated that the left ventricle apparently has not the time to expel its contents through the narrowed opening during the short period of systole. Dr. Niemeyer has come to the conclusion that in digitalis we possess a very powerful means of moderating, not only hyperæmia of the lung, which is an inevitable consequence of mitral disease, but also engorgement of the aortic venous system which arises in mitral disease; by proper administration of this drug, compensation, which is beginning to fail, may, for a time, be re-established. Arsenic and antimony, likewise, may be employed in valvular disease of the heart. The action of diuretics upon

dropsy, resulting from heart-disease, is, at least, a doubtful matter. Preparations of iron, on the other hand, are of signal efficiency, as is also a nourishment rich in albumen and other protein substances.

Dr. SIDNEY RINGER (*Practitioner*, Jan. 1870) considers that digitalis is eminently useful in cases of enlargement of the heart accompanied by dilatation with dropsy, general venous congestion, and a frequent, feeble, fluttering, and irregular pulse, with or without valvular disease, and quite irrespective of the nature of that valvular disease. He thinks it just as useful in obstructive or regurgitant aortic disease as in mitral, provided the above symptoms, and especially the irregularity of the pulse, be present. He thinks it of importance to give no more of the drug than is necessary for the relief of the patient, and that in many cases one drachm of the infusion twice or thrice a day will be sufficient. Should, however, no improvement be observed after the lapse of four or five days, the dose must be increased. Digitalis he considers very useful in cases where persisting palpitation, with or without slight mitral murmur, has been much aggravated by an attack of bronchitis, but of no use whatever where pre-existing lung disease (emphysema) has become complicated by secondary heart affection and dropsy.

Dr. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873), in speaking of the employment of digitalis in diseases of the heart, says, when the action of the heart is rapid, irregular, inactive, or embarrassed, the pulse being weak, the good results of digitalis are seen in that it calms the heart, makes it act regularly, often relieving unpleasant local sensations, while the pulse is thus improved, becoming less frequent, stronger, fuller, and more regular. If it appears to produce irregularity, or intermittency, with much feebleness of pulse, digitalis should be discontinued.

Hepatitis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) recommends depletion of the portal vessels by bleeding and purgatives, especially such purgatives as produce copious and watery stools; the neutral salts much diluted are therefore proper. After blood-letting has been duly performed, blisters may be applied to the right hypochondrium. After the first violence of the inflammation has abated, mercury is to be given both in the acute and in the chronic form; in the one case to affect the system as speedily as possible, in the other with a slowness which bears a proportion to the pace of the disease. When suppuration has taken place or is considerable, when the patient ceases to complain of pain, but has instead a feeling of weight in the hypochondrium and becomes distinctly hectic, a corresponding change must be made in the treatment. In place of active depletion and mercury, nourishing diet, tonic remedies, quinine with sulphuric acid, or the nitro-muriatic acid, must be prescribed. The same remedies are adopted to the chronic as are proper for the acute inflammation of the liver. General blood-letting is not often necessary or advisable. Topical bleeding and blistering are more expedient, but the two main remedies are mercury and the saline purgatives, given in small doses and repeated for a long time together. The mineral waters, moderate exercise, tepid sponging, in many instances Scott's nitro-muriatic bath; iodine or the unguentum iodini comp., or the ungt. hydrg. iodidi may be rubbed night and morning upon the hypochondrium. Taraxacum does much good, and the muriate of ammonia in small and frequent doses.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that it is only in the rare cases of traumatic hepatitis that we can hope to induce resolution of the inflammation by the use of cold compresses and the application of leeches about the anus.

In the subsequent course of the disease, blisters over the liver and the internal administration of calomel, are very generally employed, but are of doubtful efficacy. As long as there is no perceptible fluctuation, and we cannot open the abscess, we must limit ourselves to keeping up the strength of the patient by suitable diet, wine, and preparations of iron. For the chills we prescribe quinine, which not unfrequently has a very decided antiperiodical action. The abscesses should be opened as early as possible before a so-called pyogenic membrane has formed in them, and caustics should be used instead of the knife.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) treats this disease on the general principles applicable to the treatment of other inflammations. Blood-letting, local or general, is to be employed or not according to the circumstances which either indicate or contra-indicate the remedy in inflammatory affections generally. Revulsive applications over the affected organ, such as sinapisms, dry cups, and stimulating liniments, are to a certain extent useful, but counter-irritation is doubtful. Opium is indicated in proportion to the amount of pain and constitutional irritation. Mercury is injurious. Tonic remedies and a nutritious diet are indicated from the beginning of the disease.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends purgatives, blue-pill with ipecacuanha, in the early stages of those cases not preceded by dysentery, together with the external application of nitro-hydrochloric acid by means of a compress. Where dysentery is present, ipecacuanha, morphia and astringents. In all cases at the onset it will be necessary to restrict the diet, while the patient must be confined to the recumbent posture. When inflammation has gone on to the formation of pus, good nourishing food with tonics will be required. Restlessness and pain should be subdued by opium, the bowels regulated by rhubarb and

aloes, and wine allowed in proportion to the weakness of the patient. When the surface of the abscess becomes adherent to the abdominal parietes (after making an exploratory puncture with a grooved needle), it may be punctured with a trocar.

Dr. WILLIAM STEWART (*Madras Monthly Journal of Medical Science*) says that chloride of ammonium is a specific in certain hepatic diseases common in India. Careful nursing is necessary, as is also absolute rest in the recumbent posture, since relapses may occur from so slight a cause as an attempt on the part of the patient to turn in bed. In chronic hepatic abscess he asserts that the remedy is equally efficacious; in short, he has found it valuable in hepatic affections of whatever form, whether depending on organic disease or functional derangement.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says tartar emetic in one-eighth or one-fourth grain doses every two or three hours is of service in the acute parenchymatous inflammation, if given within the first three days, when there is much vascular excitement and a full-bounding unyielding pulse, with a dry hot skin and scanty urine. General blood-letting may be adopted if there be evidence of obstruction to venous blood-flow through the right side of the heart. Local depletion by leeches over the liver and also round the anus must be at once resorted to, followed by fomentations and linseed-meal poultices, with or without mustard or laudanum, over the hepatic region. Saline purgation and alkalies, with or without colchicum, are also to be freely administered. Hot turpentine epithems are most beneficial. In the chronic form iodide of potassium with taraxacum is of great service. Alcoholic stimulants and fermented drinks must be absolutely forbidden, and the diet restricted to mild nutriment, such as milk, beef-tea, and farinaceous food generally.

Dr. MURCHISON (*Diseases of the Liver*, pp. 566, London, 1868) approves of making an opening in all cases in which there is a visible fluctuating tumour.

Dr. FENWICK (*The Stomach and Duodenum*, pp. 393, London, 1868) prescribes food of the mildest and most digestible character, regular out-door exercise, frictions with iodine and mercurial ointments, and preparations of iodine internally.

Herpes.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends dredging the eruption copiously with flour, and confining it there by means of a sheet of cotton wool held in its place by strips of adhesive plaster or a bandage not too tightly applied; the benzoated ointment of the oxide of zinc is very successful in some cases. When the burning heat and tingling are very troublesome, arrowroot poultices may be applied cold, or a thin paste of precipitated chalk applied with a brush, or folds of flannel saturated with a decoction of poppyheads. If neuralgia be present, constitutional as well as local treatment will be required, citrate of iron and quinine, and arsenic. If there be evidence of rheumatism, the iodide of potassium; if evidence of gout, colchicum; and as sedative remedies, belladonna, hyoscyamus, morphia, and chlorodyne.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) says the patient should be cautioned against rubbing off the heads of the vesicles. They may be protected by a thin film of flexible collodion. The pain and itching may be relieved by using a lotion consisting of three fluid drachms of the dilute hydrocyanic acid with six ounces of lime water. Attention should be paid to the state of the stomach and bowels, and the diet should be regulated. Should the eruption be attended by intense shooting pain, it will be right to apply the aconite or belladonna ointment or morphia subcutaneously. Warm baths will also be proper,

and as the pain is probably neuralgic, the carbonate of iron ought to be tried.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) prescribes some soothing ointment or a poultice, followed by powdering with zinc oxide and starch. For the neuralgia which is apt to follow the eruption he recommends subcutaneous injections of morphia and large doses of quinine, sometimes bromide of potassium.

Dr. H. S. PURDON (*Dublin Journal of Medical Science*, Oct. 1870) recommends ergot of rye and steel; locally, zinc ointment or painting the vesicles with collodion.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) uses, locally, the glycerine of tannin. When the neuralgic pains are very severe, poppy fomentations; equal parts of the liniment. belladonnæ, P.B., and liniment. camphoræ, or olive-oil and chloroform; morphia dressing, or, if required, the hypodermic injection of aconite and morphia. Internally, quinine in full and repeated doses, ammonia and bark, or aconite or opium. After herpes zoster Dr. Fox advises a course of tonics—the mineral acids and quinine, with slight aperients. Should ulceration occur, nitric acid and opium lotion, or a weak solution of caustic (grs.x-xx) in nitric ether (5j).

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 272, London, 1866), in phlectynoid herpes, dusts the vesicles with a powder consisting of equal parts of calamine and starch. If there is unusual tenderness, two drachms of the oxide of zinc to eight ounces of water and three drachms of glycerine may be applied. In herpes of the prepuce the insertion of dry lint alone beneath the foreskin once or twice a day will be sufficient, or a simple lead lotion as a wash. In herpes labialis equal parts of rectified spirit or eau-de-cologne and water. In herpes zoster a similar line of treatment may be adopted. If the eruption is associated with rheumatism, salines with colchicum will prove of service. The ulcerations, when obstinate and

painful, are often relieved by an ointment of belladonna or conium, or by powdered morphia, one to two grains to an ounce of lard. Sometimes the pain is excessive; it may then be a question whether division of the nerve leading to the seat of pain might not be tried. In one case, to Mr. Nayler's knowledge, this procedure was of signal service. In herpes circinnatus the usual mode of treatment at the Skin Hospital, Blackfriars, is to blister the diseased surface with the 'liquor vesicatorius,' or the glacial acetic acid, lightly applied, and when its effects have subsided a mercurial ointment, from half a drachm of the ammonio-chloride of mercury to an ounce of cerate, used morning and evening.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869), in *herpes circinnatus*, washes the patches with a dilute solution of acetic acid (the acidum aceticum, P.B., answers very well) or with a little soft-soap. The white precipitate ointment, the nitrate oxide of mercury ointment, the citrine ointment, and others, are also efficient remedies. In *herpes tonsurans* a weak solution of hepar sulphuris should be daily applied to the patches for two or three weeks, and then epilation can be practised, to be followed by sulphur citrine or nitric-oxide of mercury ointment. When the complaint occurs in lymphatic children, attention must be paid to the diet and bowels, and the administration of cod-liver oil and the syrup of the iodide of iron or steel wine may be of service.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Robertson, pp. 1043, London, 1873) protects the parts by cotton-wool and starch. Subsequently he gives quinine, and, if the pain recur, applies a belladonna plaster or inunction with belladonna ointment.

Hooping Cough.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871), believes one very good plan is that of giving a grain, or a grain and a half of ipecacuanha, three or four times a

day. This generally keeps the bowels sufficiently open, and seems to have a beneficial operation on the mucous membrane of the air-passages also. Or a few grains of rhubarb and ipecacuanha may be given every night; and if the cough be very troublesome and urgent, small opiates may be administered: syrup of poppies, or the extract of hyoscyamus; as many grains *per diem* as the child has years. Sir Thomas states that a namesake of his (Sir William Watson) recommended one grain of tartarized antimony and twenty drops of laudanum in an ounce of water. A tea-spoonful or two every evening or every other evening.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) attaches great value to well-managed treatment by sweating; in short, he treats the catarrh as if it proceeded from cold, or any other non-specific origin. He urges that, as a portion only of the coughing is involuntary, the parents be directed to make the child cease from coughing as soon as the mucous accumulation is discharged. When there is a collection of viscid mucus in the throat, and when a paroxysm is approaching, a teaspoonful of the following mixture should be given: \mathfrak{R} coccinellæ gr.xij, potass. carb. $\mathfrak{3j}$, aquæ dist. $\mathfrak{3iij}$, syrup simpl. $\mathfrak{3j}$; m. Dr. Niemeyer cannot admit that any narcotic whatever (belladonna included) has any specific action against this disease. Should the treatment, given above prove ineffective, should the child empty its stomach with every paroxysm, should his nutritive condition begin to suffer from constant vomiting and sleepless nights, should convulsions or signs of actual suffocation occur during the seizures, the administration of narcotics is indicated. Belladonna enjoys this advantage over opium, that, in the condition of the pupil, we have an index for regulation of the dose. To children between the ages of two and four years, we may give the eighth of a grain of the drug, night and morning, gradually

increasing the dose up to half a grain, or until the pupil begins to dilate. For older children small doses of morphia (gr. $\frac{1}{2}$ — $\frac{1}{8}$ in die). If, immediately after the cough, there still remain audible *râles* in the chest, if the child grow short of breath, or the respiration become enfeebled throughout a part of the thorax, an emetic should be given forthwith, and repeated whenever the symptoms recur. In the third stage, when impoverishment of the blood and general exhaustion furnish the most urgent symptoms, the free administration of meat-diets, eggs, wine, and the ferruginous preparation, is indicated.

Dr. FULLER (*On Diseases of the Lungs and Air Passages*, 2nd edit. pp. 534, London, 1867) proceeds as follows:—During the catarrhal stage of the complaint, the patient is kept in a warm and equable atmosphere; the diet is limited to milk and beef-tea or broth; the bowels are regulated by mild aperients; salines and ipecacuanha or antimony are prescribed; and mustard-poultices, or even blisters, are applied, if necessary, to the chest. Leeches are rarely employed, and bleeding from the arms is never practised. As soon as the whoop declares itself, a draught is given every three or four hours, containing a grain of sulphate of zinc and a sixth of a grain of extract of belladonna to two drachms of syrup of orange, in from two to six of water, and an additional grain of the sulphate of zinc, and an additional sixth of a grain of belladonna, are added to each dose daily, or every alternate day, until the quantity taken daily amounts to from six grains to a drachm of zinc, and from two to six grains of the extract of belladonna, according to the age of the patient. To children under a twelvemonth old, Dr. Fuller has never administered more than ten grains of the zinc, and two grains of the belladonna, daily, which were given in doses of a grain and a quarter of zinc and a quarter of a grain of belladonna every three hours; whilst for children of eight or ten years of age Dr. Fuller frequently prescribes

half a drachm, or two scruples of the zinc and six grains of belladonna. The administration of zinc and belladonna need not preclude the exhibition of other remedies; and if there be feverish heat of skin and persistent quickness of breathing, indicating inflammation of the lung, or if the bronchial flux be great, and oppresses the breathing, it will always be prudent to have recourse to auxiliary measures. In the former case, the *vinum antimonii*; in the latter, if sickness does not occur spontaneously, a mixture containing the *vinum ipecacuanhæ*, of which a dose is to be taken every evening sufficient to cause vomiting.

Dr. MURCHISON (*Lancet*, Oct. 29, 1870) states that the following case illustrates the good effects of hydrate of chloral:—The patient was a girl, aged four, who was admitted into the Middlesex Hospital, suffering from severe pertussis of about six weeks' duration, complicated with pneumonia and bronchitis. Various remedies, including belladonna and ipecacuanha, produced little or no effect upon the paroxysms, but improvement at once followed the use of chloral in doses of five grains every four hours, and within a week the paroxysms had almost ceased.

Dr. KARL LOREY (*Deutsche Klinik*, pp. 46, 1871) also recommends chloral. Of a mixture containing one part of hydrate of chloral to thirty parts of water and three parts of syrup, from one to three teaspoonfuls should be given daily, according to the age of the child and the severity of the affection. This agent should be administered on the first appearance of decided paroxysms, and be continued until the cough has nothing more than a catarrhal character.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 576, London, 1873) in speaking of alum says, few remedies give more satisfactory results in uncomplicated cases; two to six grains every three hours.

Dr. WEST (*Diseases of Children*, 3rd edit.) prescribes

a dose of half a minim of dilute hydrocyanic acid every six hours for a child nine months old, gradually increasing the dose to one minim every four hours for a child of that age, and so in proportion for older children.

Dr. BRYNBERY PORTER (*New York Medical Journal*, July 1872) is fully convinced of the marked effect of chloral hydrate in alleviating the symptoms of pertussis, and that there seems to be some evidence to show that it has a positive effect in cutting short the disorder.

Dr. DANIEL MACLEAN (*Glasgow Medical Journal*, Nov. 1872) advocates the 'open air' treatment, that is, to keep the patients, as much as circumstances will admit, in the open air, taking care in the cold weather to have them well and warmly clad.

Mr. PRESTWICH (*Lancet*, Dec. 9, 1871) reports a few cases selected from more than thirty in his own practice, in order to show the value of cod-liver oil in this complaint, which he looks upon as a specific.

Dr. JOHN J. CALDWELL (*Boston Medical and Surgical Journal*, Sept. 1871) applies atomized fluids to the air-passages, in accordance with the theory of Niemeyer that the disease is a catarrh of the respiratory mucous membrane, attended with intense hyperæsthesia. Dr. Caldwell recommends the following mixture:—℞ extract belladonnæ fl. gtt.v ad x, potass. brom. ℥j, ammon. bromidi ℥ij, aq. distill. ℥ij; m. ft. solutio. Of this about a table-spoonful is to be applied daily.

DRs. McNUTT & MAXWELL (*Boston Medical and Surgical Journal*, Aug. 16, 1871) use a solution of nitrate of silver, gr.xv to the ounce, applied by the spray atomizer, which seldom fails to effect a cure.

Dr. W. MACFARLANE (*Australian Medical Gazette*, Dec. 15, 1869) has every reason to believe that oxide of silver shortens the pertussis; dose, the sixth of a grain, three or four times daily, in any simple powder, up to one year of age.

Dr. J. LUDLOW (*Cincinnati Lancet and Observer*) makes an infusion of chestnut leaves (*Castanea visca*), by taking half an ounce of them to the pint of boiling water, and afterwards adds a pint of cold water, to which is added sufficient of white sugar to make it palatable to the patient, and gives of this *cold* as much as he can get the patient to take during the day and evening. Giving it to drink in place of cold water, the child soon gets to like it. He has found in all cases that it would in from five to ten days relieve the spasm, and in about two weeks cure it.

Dr. MACKELCAN (*New York Medical Journal*, Jan. 1869) calls attention to sulphuret of potash dissolved in a mixture of syrup and distilled water, in the proportion of one of the former to three parts of the latter, the dose being one grain for each year up to four years of age, and after that half a grain additional for each year. Its beneficial effects are not perceived for five days, when the intervals between the paroxysms of cough become longer, and after that their violence diminishes from day to day, until at the end of ten or fourteen days it is seldom necessary to pursue the treatment further. As the drug easily spoils by keeping, it is important to have it fresh. If it dissolves perfectly in the syrup and water, and the mixture is of a greenish colour, it may be relied on; but if there is any sediment, it has been decomposed by exposure to air, and becomes a sulphate.

Dr. W. S. KING (*Philadelphia Medical and Surgical Reporter*, May and June 1867) has reported several cases seeming to show that the air of *gasworks*, freely breathed, is curative of hooping cough.

Mr. ATCHERLEY (*Medical Times and Gazette*, Feb. 26, 1859) reports that he has seen great benefit derived from the inhalation of nitrous fumes generated in the room which the patient occupies, by the deflagration of bibulous paper steeped in a solution of nitrate of potash.

Dr. B. F. DAWSON (*American Journal of Obstetrics*, May 1869) speaks in the highest terms of quinine, and says he feels convinced that if the following rules are carefully observed, few, if any, will be disappointed in their results:—1st. Give the quinine—sulphate or hydrochlorate—dissolved by acid in pure water only. For children under three years, from five to eight grains to the ounce. 2nd. Give not less than a teaspoonful *every hour*, or at the longest every two hours during the day, and whenever cough comes on in the night. 3rd. Give nothing afterwards for some minutes to destroy the taste or wash out the mouth. 4th. Continue giving it, notwithstanding the first doses may be vomited. 5th. Be sure that the quinine is pure and thoroughly dissolved.

Hydrocephalus, Acute.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) advises the application of leeches to the head, from three to six, according to the age of the patient. Next in rank and importance to bleeding, if not even before it, come purgatives; calomel and jalap, or calomel and scammony, should be given, and if these do not act freely, senna and salts. Where the stomach is irritable, a large clyster will often be of service. Cold applied to the head and hot water to the feet are especially useful in the early periods of the disease, but the author is doubtful about the propriety of keeping ice in contact with the surface of the head in very young children. Under all circumstances it is expedient to keep the head somewhat elevated. Blisters to the nape of the neck, or to the head at the commencement of the disease do harm, but in the second stage of the malady are often of good service. When there is much irritability towards the decline of the disease, two or three grains of Dover's powder may cautiously be tried.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) believes, from the cases he has seen,

that the less we deplete in this disease the greater the chance of the ultimate recovery of the patient. In almost all instances purgatives containing mercury are very useful, and the administration of calomel, in one or two-grain doses, twice or thrice daily. Should the vital powers become much depressed, stimulants must be freely had recourse to.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 437, Philadelphia, 1871) recommends moderate purging every few days, or once a week, sustaining the strength by nourishing food; and, if it can be borne, cod-liver oil; diuretics; shaving the head and rubbing it nightly with mercurial ointment; occasional blistering the back of the neck; in a child preferably by painting it with cantharidal collodion.

Dr. AITKIN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) states that as the first symptoms are those characteristic of inflammation of the brain, and especially of its meninges, there is perhaps no class of cases in which the sanative powers of judicious blood-letting become so apparent as in children in whom the disease has been observed early and carefully watched. In a healthy child two years old, a vein (if easily found) may be opened in the arm, and four ounces of blood taken. Calomel, combined with compound jalap powder, or two to five grains of gamboge, should be administered, followed up by a black draught. If the head be not relieved, leeches should be applied to the temples, and the head should be shaved and an evaporating lotion applied.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) says it is not generally proper to bleed from the arm, but we may apply leeches to the brow and behind the ears, and if the strength of the patient permit, may repeat the application. We may also cover the shaved head with cold compresses, and give an active purge of calomel and jalap. In the latter

stages of the disease, if, in spite of the previous treatment, there be coma and other signs of cerebral palsy, we may apply a large blister to the nape of the neck, and rub pustulating ointment on the head. Still more efficacious than these derivatives are douche baths, pouring cold water over the head from a pitcher held some distance above it, and repeated at intervals of a few hours. Frictions with mercurial ointment, and the continued administration of calomel, are much employed.

Hydrocephalus, Chronic.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 8th edit. London, 1871) recommends diuretics, purgatives, and above all mercury. The abstraction of small quantities of blood from the head, by means of leeches, has been found beneficial. When the disease is stationary, and the child is pale and languid, much benefit may be expected from moderate and well-regulated support by means of adhesive plaster bandages. As a last resource tapping has been performed. The trocar should be small, and it should be introduced perpendicularly to the surface of the edge of the anterior frontanelle; so as to be as much as possible out of the way of the longitudinal sinus, and of the great veins that empty themselves therein. The fluid should be allowed to issue very slowly, and, part only of it should be evacuated at once. The instant that the pulse becomes weak, or the dilated pupil contracts, or the expression of the child's countenance manifestly alters, the canula should be withdrawn, and the aperture in the skull closed. Gentle compression should be afterwards made, and if the patient become pale and faint, it must be placed in an horizontal posture, and a few drops of sal volatile or brandy-and-water may be given. If inflammatory action supervene, cold water lotions and leeches must be applied.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 437, Philadelphia, 1871) says, in a case clearly otherwise hopeless, a needle trocar and canula may be in-

troduced through the coronal suture, an inch or a little less from the anterior fontanelle; then, during and after the withdrawal of a few ounces of fluid, a bandage may be used for pressure, watching its effects.

Dr. NIEMEYER (*Text Book of Family Medicine*, 2 vols. 8th edit. London, 1873) says that the continued employment of douche baths deserves most confidence.

Hydrophobia.—Dr. DOMETT STONE (*The Times*, Oct. 18, 1872) says there is no cure for hydrophobia. On this point all medical men are agreed. The best prophylactic treatment is the immediate excision of the part bitten; pending this, forcible suction will remove some of the poison. A bandage should at the same time be applied above the part. If excision cannot be safely performed, lunar caustic should be freely used. Amputation of the limb above the place of injury has been recommended by Sir Thomas Watson.

Dr. MAXWELL (*Indian Journal of Medical and Physical Science*) recommends the following plan when premonitory symptoms are first observed:—1. That the original cicatrix be freely laid open, and suppuration from it speedily and freely produced and maintained for several months. 2. The nerves, or nerve leading to the part, are to be divided without delay, the more remote from the wound the better. 3. Free perspiration by the hot-air bath. 4. Bleeding from the arm to syncope in robust persons with sthenic symptoms, or cuppings on the nape of the neck.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th edit. London, 1869) would resort to subcutaneous injections of atropine, or of morphia, or of both in combination, to quiet the nervous system; as well as to the administration of ether by the mouth or rectum, of solutions of the sulphite or hyposulphite of soda or magnesia. At the same time sulphur fumigations can be employed. Ice to suck, and applied to the upper part of

the spine. Copious enemata of warm water to mitigate the thirst.

Dr. ERNEST GUIBAN (*The Practitioner*, Sept. 1872) recommends not only the internal employment of arsenic, but that the wound should be dressed with it. Of thirteen persons bitten by a mad dog, eight submitted to this prophylactic measure, and none were affected. Four declined to take the arsenic; of these two remained unaffected, and two died. One began the arsenical treatment, but speedily left it off; she died.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) advises injections of curare, $\frac{1}{10}$ th of a grain, increased, at intervals of three to four hours.

Professor PACCANTI, of Pisa, lately injected into the left leg of a patient with unmistakable symptoms of rabies, one grain of woorara in fifty-five drops of water; two hours afterwards the same operation was performed on the right leg; then in another two hours two grains were injected, and two more grains ten hours and a half afterwards. These four injections produced no effect, so that it became evident that one poison prevented the action of the other. At last, as an ultimate resource, tracheotomy was performed, but to no avail, and the patient soon died with symptoms of paralysis of the muscles of respiration.

Dr. LASCHKEWITSCH (*Gazette Médicale*, Paris, 1872, No. L.) has administered inhalations of oxygen to a peasant, who, ten weeks before, had been bitten by a mad wolf. The tetanic muscular contractions ceased, the cyanosis disappeared, and the exacerbations of violence gave place to a quiet, gentle condition. Notwithstanding the fatal result (due probably to the inattention of the nurses, who discontinued the oxygen inhalations), the author recommends the use of this agent to the attention of the profession.

Hypochondriasis. — Sir WILLIAM GULL (*Reynolds' System of Medicine*, vol. ii.) recommends moral treatment, especially falling in love, and an avoidance of drugs, particularly those directed to the symptoms of the patient; for he views it as a modification of mental derangement acting only secondarily on the body.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) does not attempt to reason with hypochondriacs. The aim of physical treatment should be 'the direction of the attention from the sensory to the motor and intellectual spheres.'

Hysteria. — Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends, during the paroxysm, if the patient be able to swallow, a couple of ounces of the *mistura assafœtidæ*; or half a drachm of ether, with fifteen or twenty minims of laudanum, in camphor julep; or a draught containing a drachm of the ammoniated tincture of valerian. When the patient cannot or will not swallow, signal good may be effected by volatile stimulating substances held to the nostrils; or by foeted or stimulant enemata: the enema *assafœtidæ* for example, made by mixing two drachms of *assafœtida*, with half a pint of water, by means of the yolk of an egg, or the turpentine injection made in the same manner, and containing half an ounce of turpentine; or the same quantity of ice-cold water thrown into the rectum, or applied to the pudenda, will often bring the fit to a speedy termination. The patient must be prevented from injuring herself; her dress should be loosened; and it may be necessary to confine her hands and arms. In the intervals between the paroxysms the objects to be aimed at are, to restore the nervous system to the requisite degree of stability, and to correct the disordered functions of the uterine system. The bowels must be regulated by aloetic aperients, and the following points must be kept in view:—The exhibition of some

form or other of steel; the steady employment of the shower bath; regulated exercise in the open air, both on foot and on horseback; the avoidance of hot rooms and of late hours, both in respect of going to bed and of rising from it; the avoidance also of strong moral emotions, of novel reading, and of all the other thousand modes of dissipation, mental and bodily, which always accompany and abate the blessings of a high state of civilisation. Marriage sometimes proves a cure.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873), when the disease depends upon impoverishment of the blood and upon chlorosis, improves the state of the blood by the exhibition of iron and an appropriate diet. Cases where there is no doubt that the nervous derangement proceeds from disease of the sexual organs, call for appropriate treatment of the infarction, ulcer, flexion, or other disease of the womb which may be present. The cold-water cure is, in many cases, strongly to be recommended, also the use of sea-baths. When the patient is vigorous and well-nourished, the springs of Marienbad, Kissengen, and Franzenbad, are often of great service. The nervines which have the greatest reputation as remedies against hysterics are castor, valerian, hartshorn, and assafœtida. Dr. Niemeyer considers the chloride of sodium and gold of great efficacy in hysteria. He prescribes these in the form of a pill (℞ auric. chlorat. nationat. gr.v, gummi tragacanth. 5j, sacc. alb. q.s.u. f. pil. xl). Of these he first orders one to be taken an hour after dinner, and another an hour after supper. Afterwards he orders two pills to be taken at these hours, and gradually increases the dose up to eight pills daily. In some cases Dr. Niemeyer has experienced excellent results from the use of bromide of potash in increasing doses. Moral treatment is of the utmost importance.

Dr. BLANDFORD (*Practitioner*, June 1870) speaks

very highly of the importance of good feeding in hysterical and other forms of nervous debility.

Dr. WILLIAM A. HAMMOND (*Treatise on Diseases of the Nervous System*, 3rd edit. pp. 754, New York, 1873) says the first thing to be done is to gain the confidence and, what is of still greater importance, the respect of the patient. During the period between the paroxysms, the treatment must be directed mainly against symptoms. For putting an hysterical patient into a proper frame of mind, Dr. Hammond knows of nothing equal to the bromides of either potassium or sodium, given in large doses, repeated three or four times a day, till the full effect is obtained. This, of itself, will generally relieve hyperæsthesia, wherever it may be seated. If anæsthesia be the prominent condition, electricity is recommended, and it is almost a specific. For hysterical paralysis, strychnia and phosphorus are the best internal remedies; they may be taken together; their effect is, however, greatly increased by the use of electricity, both of the primary and induced forms—the first being applied to the spine, and the latter to the paralysed muscles. In cases of spasm, Dr. Hammond prefers the bromides, internally, and the primary galvanic current, applied to the contracted muscles. Visceral derangements are best treated by strychnine and phosphorus. Counter-irritation is always of service. For gastric difficulties, the sub-carbonate of bismuth—fifteen or twenty grains after each meal—is recommended. In cases of hysterical vomiting, hydrocyanic acid. Hysterical paroxysms are best treated by inhalation of ether or chloroform. In all cases hygienic measures are of the utmost importance.

Ichthyosis.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) strengthens the skin by moderate stimulation, applied externally by local means, the juniper-tar or carbolic acid soap, the Turkish-

bath, alkaline lotions or ointment ; and internally by the judicious and careful administration of arsenic.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) in the first place is careful to see that the patients are very cleanly, and that they are well fed and clothed. He then gives cod-liver oil and quinine. He does not exhibit arsenic, 'because for the life of me I don't see the reason of giving it.' Locally, olive-oil or elder-flower ointment. In the horny form of the disease careful soaking with glycerine, poultices or fomentations. A warm alkaline (potash $\bar{3}$ ss to $\bar{3}$ viiij) lotion, is strongly recommended to soften the masses. After the scales are removed the whole surface can be greased, and an alkaline bath used twice a week, containing $\bar{3}$ ij to $\bar{3}$ vj of carbonate of soda and bran to the usual quantity of water, the surface being freely oiled after each bath.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) recommends the free local use of glycerine, well rubbed into the skin night and morning.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) says glycerine, as a bath, is very serviceable. During the day a lotion of borax will prove of benefit ; or one of dilute nitric acid, in the proportion of half-a-drachm to seven ounces of water, with half-an-ounce of glycerine ; or dilute acetic acid. The general health should be supported by tonics, especially those of the ferruginous kind ; and if the complaint is unusually obstinate, small doses of arsenic may be added ; above all is required a sufficient quantity of animal food daily. The internal administration of pitch is highly extolled by Elliotson. As an ointment Neligan makes favourable mention of the iodide of potassium—a drachm to an ounce of lard well rubbed into the affected surface, morning and evening.

Dr. DUMESNIT (*Journal Médicale de Bruxelles*, May 1872), reports a case of ichthyosis of the nose which had

resisted various remedies, internal and external. He then prescribed an ointment of four parts of sulphate of copper in thirty parts of benzoated lard, under the use of which the cutaneous affection disappeared in about three weeks. It returned, however, a month later, when the same application was resumed and persisted in, and the patient continued free from the disease up to the date of the report, two years after the remedy was first used.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) advises alkaline baths, gentle friction, and the application of glycerine. He believes cod-liver oil and the syrup of iodide of iron will be found better than arsenic. When the patient is young, much good, he thinks, might be derived from hot-water and vapour baths.

Impetigo.—Mr. ERASMUS WILSON (*Diseases of the Skin*, pp. 931, 6th edit. London, 1867) regulates the digestive and secreting organs when they are found to be faulty, and prescribes bitters, the mineral acids, chalybeates and quinine; and where the disease assumes a chronic character, his well-known ferro-arsenical mixture. The local treatment should be similar to that for eczema. Where ointments are unsuitable we must trust to lotions, and dredging with a dessiccative powder, such as the pulvis cinchonine, or oxide of zinc and calamine, of each one drachm, diluted with six drachms of powder of starch.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869) says in acute impetigo the diet should be restricted, laxative and refrigerant medicines should be administered, and the local applications should be emollients, such as warm decoctions of marsh-mallow, or of poppies, infusion of linseed, or almond mixture, or poultices of bread or of ground-rice, followed by light dressings of oxide of zinc or acetate of lead ointment. In chronic impetigo the most efficient internal medicines are cod-liver oil, the various preparations of iron, bitter tonics, the sulphurous mineral waters, and occasional laxa-

tives. Externally, ointments of precipitated sulphur, of the nitrate, the oxide, or the bichloride of mercury, or the huile de cade; or lotions of alum, tannin, or chloride of zinc. When the purulent discharge is thin and profuse, a mixture of tannin and starch should be dusted over the part. In impetigo of the scalp, the hair should be cut close and the ammonio chloride of mercury ointment applied.

Dr. TILBURY FOX (*Skin Diseases*, pp. 532, 3rd edit. London, 1873) prescribes tonics, and invariably uses an ointment containing five grains of the ammonio-chloride of mercury, applied to the surface beneath the scabs, which he causes to be removed by poulticing or fomentation with warm water.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869), when there is much inflammatory action, orders the patient to be kept quiet, and on a light diet, with a free supply of diluents. He forbids stimulants, but allows plenty of milk; and recommends mild laxatives, alkalies, and tonics—especially quinine, sometimes arsenic, always cod-liver oil. Locally, lotions containing extract of poppies, or lead, or the oxide of zinc, or hydrocyanic acid, or creosote, or glycerene. Vapour or warm-water baths are always beneficial. The scabs ought to be removed by poultices or water-dressing, and by ointments. Creosote ointment, after the scabs have come off, or the ointment of nitrate or red oxide of mercury. If the scalp or beard be involved, the hairs will have to be cut short.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) states that cod-liver oil often cures the disease in a few days; in some cases, however, it seems of little use.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, M.D., pp. 1043, London, 1873) says the scabs must be removed by poultices, the hair being cut short if necessary, and an ointment of five grains of ammoniated mercury to an ounce of lard applied to the raw surfaces.

Indigestion.—Dr. THOMAS KING CHAMBERS (*The Indigestions*, London, 1870) advocates in his work the following treatment of acute indigestion, based on pathological condition:—The first condition is to spare the weakened organ as much as possible. Complete rest should be secured to it by administering only liquid food, whose absorption requires no action of the gastric glands. Weak beef-tea is the best diet, and rest of limbs best secures rest of the abdomen. Alcohol must be avoided. Poultices and fomentations to the epigastrium relieve pain, and keep the patient on his couch. Mustard-poultices and other counter-irritants do harm if there is inflammation, and less good than fomentations if there is not. Emetics are wanted only when completely insoluble vegetable fibre is the cause of the disease. The mildest are the best; warm mustard and water. An enema with a little mustard in it should be given. To children gruel enemata. In the acute indigestion of infants, minute attention should be paid to the quality of the milk. If the sucking mother or wet-nurse should be menstruating, have recently resumed matrimonial intercourse, or had any mental excitement, the milk readily sours. The child should have it from a bottle, with a teaspoonful of liquor calcis to the teacup. If there is diarrhœa, a teaspoonful of water arrowroot alternately with the liquor calcis.

Dr. PAVY (*Digestion and its Disorders*, pp. 217, London, 1867), for *heartburn* which is habitual or of long-standing, prescribes acids in preference to alkalies, and the nitric acid is the best for the purpose. In *acidity*, where the alkaline treatment fails, the mineral acids, by acting as tonics and improving the digestive power, will sometimes effect a cure. Where gout exists, colchicum is likely to do good.

Dr. BRADFORD THOMPSON (*American Practitioner*, July 1872) recommends, in the indigestion of childhood, Boudault's pepsine wine.

Dr. NICHOLS (*Chicago Medical Journal*) states that his main reliance is *nux vomica*. If there is some irregularity of the bowels, he combines the mandrake. When there is wakefulness at night, horrid dreams, &c., he gives in addition iodide chlorate and carbonate of potassium. When there is pain in the head and throbbing in the temples, he administers bromide of potassium for a morning potion.

Dr. G. P. ANDREWS (*Detroit Review of Medicine and Pharmacy*) insists upon rest to the stomach. Milk diet is often attended by the happiest results. It may be taken with or without lime-water. Strict attention to hygienic matters must be enjoined, and no alcholic stimulants allowed. Little medication will be needed—the mildest laxitives when enemata are insufficient. Pain may be relieved by bismuth, hydrocyanic acid, or carbolic acid in one or two-drop doses suspended in mucilage, repeated every three or four hours. This latter remedy will also usually allay nausea and vomiting.

Dr. THOROWGOOD (*Practitioner*, Oct. 1870) speaks highly of the action of arsenic in many diseases of the stomach. He has found that one-drop doses of Fowler's solution in half an ounce of infus. calumb. had the effect, in a case he treated, to allay the pain, to stop the vomiting of the blood, and to enable the patient to eat and digest small quantities of mutton. He states that the small irritable tongue, with projecting papillæ and yellow or grey fur, indicate arsenic. The more purely local the gastric symptoms, the better the chance of doing good. When there is much general exhaustion of system, with disordered urine or hepatic congestion, it does not promise much.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says forms of indigestion marked by excessive acidity and heartburn may be relieved by bicarbonate of soda, in doses of fifteen grains,

combined with a few grains of nitre, and taken two or three times a day. At the same time, free excretions from the liver and bowels must be sustained by occasional doses of blue-pill or prodophyllin, combined with extract of colocynth and of henbane; while exercise and diet are duly attended to. For weakened digestion from over-fatigue, carbonate of ammonia with compound tincture of gentian; extracts of nux vomica or strychnina are also valuable remedies. Indigestion from habitual drunkenness is best relieved by bitter infusions, such as gentian, quassia or calumba; small doses of opium or of morphia in an ammonia mixture may also be given at bed-time, so as to secure sleep. In prescribing the mineral acids the following general rule ought to be kept in mind—namely, that the influence of sulphuric acid is astringent, while that of hydrochloric acid promotes digestion, and of nitric acid secretion.

Dr. FENWICK (*The Stomach and Duodenum*, pp. 394, London, 1868) says, for nervous dyspepsia, iron, zinc, and strychnine are the most suitable drugs. If neuralgia of the head or stomach accompanies the complaint, quinine, arsenic, and carbonate of iron are the best remedies. The diet of course requires very careful regulation; as a general rule, the food should be sparing, and vegetables, soups, wines, and other articles, difficult of digestion, or apt to produce acid, should be avoided. Bread, lean meat, and farinaceous food, should form the chief articles of diet. For the dyspepsia of old age stimualnts and tonics are recommended; ammonia in combination with cinchona, or some other bitter, is valuable; and in some cases iron. The bowels must be regulated by means of an electuary of senna or sulphur, or by a pill consisting of aloes with creosote or assafœtida.

Influenza.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) believes the best plan of management is to keep the patient in

bed, and, after clearing the bowels by a mild aperient, to give a couple of grains of James' powder every six hours, with a saline draught, and slops, till the first brunt of the disorder is over; and then, if the cough be troublesome and the breathing laborious, and much rhoncus, or sibilus, or crepitation be audible in the chest, to apply a blister, and give expectorants and diuretics. What Sir Thomas prescribes a great many times is the following: half-a-drachm of oxymel of squills, a drachm of sweet spirit of nitre, and sometimes a drachm of paregoric, in almond emulsion.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1868) keeps the patient in bed and administers barleywater and nourishing broths. If the catarrhal symptoms are urgent, ten grains of Dover's powder may be given at night, or a mixture containing a little nitre, ether and opium. A sinapism applied to the chest, together with the inhalation of the steam of hot water, may be necessary. When prostration is the predominant symptom, stimulants are to be freely resorted to; such as wine, ammonia, or even brandy. The subsequent debility will be the soonest removed by tonics, especially quinine and iron.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. Philadelphia, 1871) recommends a warm mustard foot-bath at night, followed by a large draught of hot lemonade, or the same taken cold if fever exist; and a dose of solution of citrate of magnesia or Rochelle salts or senna-tea in the morning. If the urine be scanty and the skin dry, sweet spirit of nitre may be added to the night draught. Great prostration, especially in old people, may call for quinine and stimulants. The abortion of an attack is sometimes practicable in the first two days, by giving quinine, in five-grain doses, thrice daily.

Insanity.—Dr. MAUDSLEY (*Reynolds' System of Medicine*, vol. ii.) entirely abstains from all those counter-

irritants, evacuants, and depressants in which our forefathers indulged. He is convinced that blistering, like bleeding, does simply harm. He supports the increased drain on the tissue-changes by nutritious food; he renews the activity of the sanguineous circulation by variations of temperature, applying cold douches, warm baths, packing in wet sheets, according to circumstances. He calms the hyperæsthesia of early insanity by opium and its salts, warning us, however, that we must not attempt thus to 'knock down' a paroxysm of acute mania by increasing the usual dose, or a fatal collapse may ensue. We must bide our time. Henbane also, and digitalis in full doses, he finds will take the place of opium. He then gives iron and quinine. After the complaint has become chronic and intermittent, or even appears cured, the patients must be carefully watched, especially in the early morning, when desperate impulses are apt to surprise and overpower them. And if there be real danger to others, the patient may be locked up.

In the *Medical Times and Gazette*, April 4, 1868, Dr. MAUDSLEY states that he has seen several cases in which a seemingly imminent outbreak of severe melancholia has been warded off, and the patient restored to tranquillity and health of mind, by the judicious use of opium. In acute mania, especially in young persons, opium seldom does good. Packing in the wet sheet is advantageous in such cases. There is grave reason to suspect that the administration of antimony in doses large enough to stop the raving of insanity favours the lapse of the disease into dementia.

Dr. CRICHTON BROWNE (*Lancet*, Feb. 17, 1872) states that the necessity of removal to an asylum may be obviated in some cases of acute mania if conium is had recourse to. In order, however, to secure its benefits, two conditions must be observed: firstly, the preparation used must be good and active; secondly, the doses administered must be adequate in amount. The succus conii is the

most trustworthy. As a rule, Dr. Browne commences with two drachms for a woman and three drachms for a man, and rapidly increases the dose until he notices some cessation of restlessness or signs of lassitude or weakness of the limbs.

Dr. T. S. CLOUSTON (*British and Foreign Medico-Chirurgical Review*, Jan. 1871) observes that a mixture of one drachm of bromide of potassium with one drachm of the tincture of cannabis Indica is more powerful to allay excitement than any other drug or stimulant he has tried. Bromide of potassium alone can subdue the most violent maniacal excitement, but only when given in immense and dangerous quantities, and its effects are so cumulative while so given, that after they have once begun to appear they increase for days after the medicine has been stopped, almost paralysing the cerebrum and sympathetic. Cannabis Indica being a diuretic, and the bromide of potassium being carried off by the kidneys, it is probable that the former in that way helps to prevent the cumulative action of the latter when given alone.

Dr. W. W. GODDING (*Boston Medical and Surgical Journal*) states that in the active forms of insanity the two important points are to keep up the strength and to secure sleep. The first is best done by nourishment, and in many cases he thinks an early resort to the feeding tube is the humane and the only justifiable course to pursue. There is no doubt but it might be used to advantage much oftener than it is outside of hospitals. No year passes that he does not see lives saved by its use. A full meal is often a better sleep-compeller than an opiate. Milk, egg, and brandy, with a little nutmeg and sugar, is very palatable and anodyne in its action. As a hypnotic, chloral hydrate is the favourite reliance, in doses of 20–30 grains at bed-time; it will bear to be repeated, but not indefinitely. But in mania all drugs are uncertain in their effect. He holds that insane persons are not to be

taken indiscriminately to a hospital simply because they are insane.

Dr. DANIEL KITCHEN (*American Journal of Insanity*, No. IV. 1873) has frequently observed in the New York State Lunatic Asylum the strong and powerful man, in mania and melancholia, after taking a full dose of the succus conii, become quiet, and this state is soon followed by prolonged sleep, from which he awakes much refreshed. Dr. Kitchen administered this drug in eleven cases of epilepsy of long standing, complicated with dementia. The fits were lessened somewhat in number and severity, though none were entirely relieved. In hysteria with epileptiform convulsions, conium given in full and repeated doses afforded much benefit.

Dr. H. NEWTH (*Journal of Mental Science*, April 1873) thinks that in those cases where there seems to be a want of tone in the nervous system, the continuous electric current has in the majority of cases a most marked beneficial effect. He believes that almost an unerring guide as to whether, after a few applications, it will do good, is to notice the state of the pulse; if this increase in force and slightly in frequency, there is a great chance of the treatment being successful.

Dr. JOHN A. CAMPBELL (*Journal of Mental Science*, Jan. 1873) considers himself warranted in drawing from an analysis of 118 cases the following conclusions:—That a gentle shower-bath every morning seems exceedingly useful in the treatment of certain states of the nervous system connected with mental aberration, more especially the following:—1. Puerperal mania at the dull stage. 2. Hysterical mania in young girls. 3. A state somewhat similar to the above, seen in boys and young men, dependent on sexual causes. 4. In cases in which persistent excitement exists without organic cause.

Dr. WILLIAM A. HAMMOND (*Treatise on Diseases of the Nervous System*, 3rd edit. pp. 574, New York, 1873), in

the first place provides competent attendance, and then inquires as to the cause. By means of the ophthalmoscope it will very often be found that there is hyperæmia of the brain. Latterly Dr. Hammond has used the bromide of lithium in cases of acute mania, and has more reason to be satisfied with it than with any other medicine calculated to diminish the amount of blood in the cerebral vessels, and to calm any nervous excitement that may be present. The doses should be large—as high as sixty grains, or even more—and should be repeated every two or three hours till sleep be produced, or at least till half-a-dozen doses be taken. After the patient has once come under its influence, the remedy should be continued in smaller doses, taken three or four times in the day. In cases of cerebral congestion, attended with illusions and hallucinations, but without mania, the other bromides will answer the purpose, preferably the bromide of sodium. When the mental excitement is in a measure subdued, half-drachm doses of the dilute phosphoric acid, properly diluted with water, after each meal, is an admirable remedy for restoring strength to the exhausted system. In certain cases of emotional insanity aloetic purges in doses of five grains three times a day, combined with three grains of inspissated ox-gall, may be given with excellent results. In calming maniacal excitement nothing can equal morphia hypodermically administered, but its continuance is productive of bad results by increasing cerebral congestion. Indian hemp, digitalis, and henbane, are occasionally useful. The application of cold water, in the form of the douche, is a rational method of relieving intra-cranial hyperæmia and moderating nervous excitement, but it should be used with caution. The warm bath will also prove beneficial in some cases. In general paralysis early treatment is recommended, and the iodide of potassium given in large doses to mitigate the violence of the symptoms and put some check to the advance of the

disease. Dr. Hammond has employed phosphorus and strychnia with beneficial results. In dementia tonics and stimulants are generally useful. Of the former, iron and quinine, and especially phosphorus, phosphoric acid, and strychnia, the latter being combined with either of the others. Dr. Hammond is of opinion that counter-irritants are rarely if ever useful, that general blood-letting is never necessary, and that the hydrate of chloral is a dangerous remedy. As regards moral treatment, Dr. Hammond's idea is that the best of all places for a lunatic of any kind is the family of a physician.

Intermittent Fever.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) generally prescribes three grains of calomel with six or eight grains of rhubarb at bed-time, and commences with quinine the next morning. During the rigors, the patient should be covered up in bed, warmth applied to his feet, and some hot drink given; during the hot stage a cooler regimen should be adopted, and the skin should be wiped dry if the sweating be very profuse.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. 1867) recommends the hypodermic injection of a solution of quinia when the remedy is not retained either by the stomach or rectum. It moreover has the advantage of economy, experimental observation proving that the effect is three times greater when thus administered than when taken into the stomach.

Dr. DUJARDIN-BEAUMETZ (*Gazette Médicale de Paris*, No. XXXIX. 1872) is of opinion that carbazotate of ammonia (picrate of ammonia) acts very efficaciously in the treatment of intermittent fevers, and that suppression of the attacks may be obtained by giving this medicinal agent in daily doses of from two to four centigrammes, in which quantities it has never any injurious effects, and is better tolerated than sulphate of quinine.

Dr. LORINSER, of Vienna, Professor GUBLER, Dr. CARLOTTI, and Dr. JOSEPH KELLER, regard eucalyptus globulus as a very important remedy for ague. The tincture is the most eligible preparation of the plant, as the essential oil is retained. In mild cases of ague two or three teaspoonfuls in a little syrup or water, taken before the expected paroxysm, are generally sufficient. Where cachexia is present, small doses should be taken night and morning for some time.

Dr. TREULICH (*Wiener Medizinische Presse*, July 2, 1871) states that obstinate cases of intermittent fever, which are not in any way benefited by quinine, can be rapidly and permanently cured by the administration of carbolic acid, without any disagreeable consequences. The average dose amounted to four grains and a fraction, given in an injection of gentian. The author records no less than eight cases, which were associated with large tumours of the spleen and resisted the action of quinine, but were speedily cured by carbolic acid.

Dr. J. P. LITTLE (*American Journal of the Medical Sciences*, Jan. 1870) for some years past has been using the hyposulphite and also the bisulphite of soda as a substitute for quinine, in the treatment of intermittent and remittent fevers, and with marked good effect. For an adult the dose is from ten to twenty grains every three or four hours, dissolved in a wineglassful of water.

Dr. J. P. NASH (*Lancet*, March 14, 1878) finds, from some tables prepared by his medical subordinates, that, in the Regimental Hospital, Gaol, and Civil Dispensary, at Mercara, India, thirty-seven cases of intermittent fever have been lately and successfully treated with strychnine, with an expenditure of a little less than one drachm of the alkaloid, and that the average period of recovering was on the eighth day of treatment; whereas in the thirty-seven preceding cases treated with sulphate

of quinia, with an expenditure of fourteen ounces of this salt, recovery did not result until the twelfth day of treatment.

Dr. PORCHER (*New York Medical Journal*, April 1867) reports the most satisfactory results in lessening the intensity, if not in shortening the duration, of the congestive stage of intermittents, from a mixture of tinct. gent. sp. æth. co. and tinct. capsici, *æq. part.* He says the efficacy of the subsequent anti-periodic treatment seems to be increased by the previous employment of this formula, for it is during the cold stage, in proportion to its intensity, that those morbid alterations occur which are productive of so much subsequent disturbance of the glands and excretory organs.

Dr. SAWYER (*St. Louis Medical and Surgical Journal*, Jan. 1867) has used nitrate of potash with great success, even where quinine has failed. He gives it in ten-grain doses, with $\bar{3}$ ss of brandy or water; or, if more agreeable to the patient, the powder may be placed on the tongue and allowed slowly to dissolve. He deems it a specific in ague, and has never failed to arrest the paroxysm, if uncomplicated.

Dr. J. C. HUTCHINSON (*New York Journal of Medicine*, March 1854) says that chloride of sodium given to the extent of from eight to ten drachms in the apyrexia, effects a cure in a certain proportion of cases.

Mr. BLOWER (*Lancet*, Nov. 2, 1872) remarks that specific remedies, such as quinine and arsenic, sometimes fail to effect a cure. In two cases which came under Mr. Blower's notice, where the ague had been of long continuance, and had resisted every attempt to cure, the disease was stopped by the administration of large doses of opium, three hours before the times when the fits were expected. The patients were thrown into a profound sleep, and they slept over the hours when the

paroxysms should have come on. These did not take place, and they never recurred afterwards.

M. DÉCLAT (*Comptes Rendus*, No. LXXV. p. 1489) recommends carbolic acid on the strength of the excellent results he has obtained in twenty new cases of a very severe and obstinate nature. He injected subcutaneously seventy-five drops of a one per cent. watery solution of carbolic acid four times on the first day, three times on the second, and twice on the third day. The first injection in general effected a cure, but it was repeated to prevent any chance of a relapse, and with the same object he continued to direct the patient to take small doses—0·2 to 0·5 of a gramme (3 to 7 grains)—of the acid by mouth, daily for a few weeks.

Jaundice.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871), in considering the plans of treatment best adapted to the several varieties of this complaint, says that some are obviously and absolutely irremediable. From others the patients recover, whatever treatment may be adopted, or without any treatment at all. In that species which occurs in connection with acute or chronic inflammation of the liver, the treatment must be such as recommended for acute and chronic hepatitis. (See Art. *Hepatitis*.) Sir Thomas urges mercury until its effect upon the gums is apparent. But to the icterus calculosus, mercury is not so well adapted. Should fever attend the passage of a gall-stone, or should the epigastric pain become epigastric tenderness, leeches may be applied, or a vein may be opened. But, in general, blood-letting is not of service nor requisite in this variety of jaundice. Our great resource for relieving the pain, and for loosening the presumed spasm, is opium, given in full doses. When the stomach is so irritable as to reject even a pill, half-a-drachm or a drachm of laudanum, mixed with a small quantity of warm gruel, should be injected into the rectum. Another very useful

expedient is the warm-bath, or hot fomentations to the epigastrium. Large draughts of hot-water, containing the carbonate of soda in solution (one or two drachms to a pint) may be given to the patient. When *green* jaundice arises from hepatic disease, we can only palliate. Mild laxatives and anodynes, with occasional warm baths to promote perspiration, comprise all that such a state admits of. For the icterus *gravidarum*, delivery is the natural cure: it may sometimes be removed by the careful employment of aperients.

Dr. MURCHISON (*Diseases of the Liver*, pp. 556, London, 1868), in the jaundice from constipation, prescribes occasional doses of calomel, blue-pill, or podophyllin, with salines, such as the sulphates of soda and magnesia, the citrate of magnesia, seidlitz powder, and the bitartrate of potash. Alkalies and their salts, with the vegetable acids, are also useful, partly in correcting acidity of the stomach, but mainly in carrying off by the kidneys the products of blood-and-tissue metamorphosis. Fermented liquors, spices, fat, and all rich or indigestible articles of diet, must be forbidden. The great object ought to be so to modify the patient's habits and diet as to secure, if possible, a regular action of the bowels without medicine. (For the treatment of jaundice dependent upon congestion of the liver, see *Liver, Congestion of the*.) In the jaundice arising from deficient oxygenation, the chief treatment must be the removal of the cause. In the jaundice of infants, the first thing to be done is to put the child in a wholesome atmosphere, and to avoid exposing it to the cold; if after this the jaundice persist, a small dose of hydrargyrum cum creta, followed by castor-oil, will often hasten its disappearance. In those terrible cases of jaundice associated with cerebral symptoms and the typhoid state, blisters produced by applying to the skin for three or four minutes a piece of lint moistened with strong liquor ammoniæ and covered with oiled silk,

sinapisms to the nape, scalp, and feet, and remedies calculated to promote elimination by the skin, kidneys, or bowels, are sometimes of service. At the same time it will be necessary to support the patient's strength by diffusible stimulants and small quantities of alcohol.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends purgatives, blue-pill, or Plummer's pill, with aloes, and nux vomica with rhubarb-pill mass, in jaundice due to congestion of the liver. Podophyllin combined with hyoscyamus is of use in jaundice from suppressed secretion of bile. It is especially useful in cases of feeble liver, combined with gentian and quinine.

Dr. BUDD (*Diseases of the Liver*, 3rd edit. 1857), writes in the highest terms of sulphate of magnesia, in half drachm to drachm doses, combined with fifteen grains of carbonate of magnesia, and half a drachm of aromatic spirits of ammonia, given three times a day, an hour before food.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) first of all improves the depressed state of the patient by a proper diet. We should order meats, particularly cold meats and strong soups; but as fat is not absorbed when the bile does not enter the intestines, and consequently is not well borne, the use of gravies, butter, &c., should be just as strictly forbidden. The constipation must be attended to, but we should avoid saline laxatives, using instead slight drastics, such as infusion of senna, lenitive electuary, and rhubarb and aloes. As quantities of bile-pigment are evacuated with the urine, we may attempt to hasten the disappearance of the icterus by prescribing diuretics, such as bitartrate of potash, soluble cream of tartar, acetate and carbonate of potash. These are urgently indicated when the amount of urine is diminished. When the biliary obstruction has been removed, we may advise lukewarm-

baths, steam, soap-and-potash baths, to cause a more rapid removal of the epidermis, and thus relieve, as quickly as possible, the annoying itching and the jaundiced colour. Patients whose icterus depends on catarrh of the bile-ducts, or on their obstruction by gall-stones, are recommended to take the Karlsbad waters; but if jaundiced patients, with an incurable obstruction of the bile-ducts, go to Karlsbad, their jaundice is not improved by the use of the waters; but they die sooner than they otherwise would, because the symptoms of congestion are increased, and the destruction of the liver-cells is hastened by the augmented secretion. The internal use of nitrate of potash, calomel, of the bitter and soluble extracts, of emetics and purgatives, does just as little good as the Karlsbad waters in icterus, unless it fulfil the causal indications.

Dr. ANSTIE (*Practitioner*, vol. vii. 1871); in cases of acute jaundice—from suppression of the biliary secretion, consequent on a powerful nervous shock or mental perturbation—has seen two or three doses of the hydrochlorate of ammonia, to the extent of gr.xx every four hours, produce a restoration of the biliary secretion.

Keloid.—Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869) prescribes chloride of ammonium, cod-liver oil, or the alkaline iodides internally; ointments of iodine, or of various iodides locally; sometimes stimulating mercurial preparations are of service. Cauterization or excision are, at best, useless.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292) endeavours to promote absorption by painting the part with tincture of iodine, diluted at first, and gradually used pure; or collodion, he says, may be employed with a similar object. Attention must, at the same time, be paid to the general health.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) improves the general health, and locally

the continuous application of contractile collodion, and for the relief of pain the hypodermic injection of morphia.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) considers arsenic the only remedy which exerts any beneficial effect upon this disease.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, pp. 1043, London, 1873) is of opinion that very little can be done. Some cases have been cured by pressure. Caustics and the knife are no good.

Laryngitis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit: 2 vols. London, 1871) recommends local bleeding (by cupping behind the ears), when there is high inflammatory fever present, and the skin is hot, the pulse firm and full, the cheeks red, and the lips florid. But if the patient's powers are beginning to sink, if his skin be cold, or even cool, his face pale or leaden, his lips blue, his pulse small and feeble, his mind wavering, blood-letting will do harm. At the outset of the complaint, hot fomentations to the external throat, the inhalation of steam, warm baths, nauseating doses of ipecacuanha, or of tartarised antimony, are all proper. If the epiglottis is involved in the inflammation, nauseating remedies should not be pushed so far as to produce an emetic effect. In the advanced stage of the disease *medicine* can effect but little. Surgery may be more successful.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 3 vols. London, 1872), in its early stages, prescribes a warm, moist, and uniform temperature, with complete rest of the parts; the administration of small doses of morphia; inhalations of hot steam, or of steam impregnated with the volatile principles of benzoin, hops, or conium, hot poultices and fomentations. Where the œdema is slight, non-depressing emetics, as sulphate of zinc or copper, dissolved in large quantities of warm water. Where the œdema is considerable, scarification of the larynx by means of Mackenzie's laryngeal lancet. Where this mea-

sure cannot be carried out, tracheotomy should be performed without delay.

Dr. DALE (*Compendium of Practical Medicine*, pp. 476, London, 1868) recommends leeches over the part, calomel and opium, tartar emetic. An emetic and a purgative at the commencement. Inhalations of hot water, medicated or otherwise. Fomentations to the neck. Ice to suck. Talking should be avoided, and the strength supported by nutritious unstimulating diet, but stimulants will often be required when the powers of life become much depressed. When suffocation is imminent, tracheotomy should be performed.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. Philadelphia, 1871) advises early purging, the application of leeches, internal use of ipecac. in doses just short of nausea, with moderate quantities of opium, and the frequent inhalation of the steam of boiling water.

Lepra.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit., pp. 931, London, 1867), in simple or uncomplicated alphas, commences immediately with arsenic—the liquor arsenicalis. Where, however, there is any disturbance of the health, or any complication such as gout or eczema, the complication must be removed in the first instance, before the specific treatment is begun. Locally, Mr. Wilson prescribes a solution of potash-soap, with tar and alcohol, in order to remove the scales of morbid epidermis. When the eruption is excoriated, inflamed, and fissured, he has recourse to the sedative action of a lotion of acetate of lead, or to the benzoated ointment of the oxide of zinc.

Dr. BROADBENT (*Lancet*, April 22, 1871) has proposed phosphorated oil, in four to eight-minim doses, for the treatment of lepra, psoriasis, as well as for eczema; asserting success in four out of six cases of the former.

M. HARDY (*Annales de Dermatologie*, No. IV.), besides phosphorus, uses copaiba internally.

Leucocythæmia.—M. TROUSSEAU (*Clinical Medicine*, vol. v. London, 1872) is inclined to think that some relief will result from treatment directed to the anæmic condition. The preparations of iron and cinchona are of undoubted benefit in arresting hæmorrhages. In one case M. Trousseau prescribed the waters of Pougues; he also recommended preparations of iron and iodine, in the first instance alternately, and then combined—the successive use of saline, sulphurous, and ferruginous baths—powder of cinchona, wine of cinchona, bitters, such as quassia and nux vomica, and finally a varied diet.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) recommends quinine, iron and iodine preparations. In a case of lymphatic leucæmia that was under his observation, the enlargement of the glands temporarily subsided under the opposite mode of treatment, under the use of Zittmann's decoction.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says it is probable that this disease may be averted if it is possible to discover the glandular or splenic affection early. Tonics, nutrients and stimulants, are indicated to support the system; and the nitro-muriatic bath ought not to be neglected.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes iron in various forms, and quinine. Good nourishing food and cod-liver oil.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. Philadelphia, 1871) says life may be prolonged by hygienic management and tonics. Nitric and nitro-muriatic baths are recommended; the latter by the bath as well as internally. The cure has not yet followed any of the many remedies tried for it.

Lichen.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends the mildest aperients to regulate the digestive organs and secretions, followed by bitters and the mineral acids, by chalybeates,

by quinine, or by quinine and iron. In chronic cases, arsenic, as prescribed for eczema, will generally effect a cure. The local treatment calls for the use of ablutions with the juniper tar-soap, tepid bathing, and anti-ferruginous and moderately stimulating lotions, such as an emulsion of bitter almonds with hydrocyanic acid, or with bichloride of mercury and spirits of wine, or a lotion of carbolic acid; but the most certain is one composed of the pyroligneous oil of juniper, spirits of wine (of each, an ounce), and water (six ounces). When lichen circumscriptus is obstinate, it may be dispersed by gentle frictions with the ammonio-chloride, or nitric oxide of mercury ointment, or with the unguentum picis liquidæ. The alkaline or sulphur, both alternated with the simple soap-bath, will be found of much value in the treatment of prurigo. The cold-water bath and sea-bathing may also be found useful in restoring the tone of the nervous system and skin, and promoting recovery. With a view of exciting a new action in the diseased skin, and modifying its morbid condition, stimulating applications, such as the tincture of croton, either pure or diluted with an equal part of spirit of rosemary, may be prescribed, followed by the bichloride of mercury in almond emulsion, five or ten grains to the half-pint.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) prescribes the internal administration of bismuth and alkalies, and occasional saline purgatives. Locally, borax and hydrocyanic acid, or nitric or carbolic acid lotion. The internal administration of colchicum is advisable if the patient has a gouty tendency. In chronic lichen, arsenic is the only remedy. Lichen scrophulosus requires cod-liver oil externally as well as internally, and tonics.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says glycerine in the following formula is recommended by Mr. Startin:—℞ acid. nit.

dil. ʒss to ʒj, bismuth submt. ʒss, tinct. digital. ʒj, glycerini, ʒj, aq. rosæ f. ʒviiijss. 'To be applied as a lotion frequently to the affected parts.' The alkalies internally and externally are of service.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) sums up the treatment of simple lichen in a few words. It consists in proper attention to the bowels, and in the avoidance of any exciting cause. When it occurs in the acute stage, the sulphate and carbonate of magnesia should be used; and, externally, goulard lotion, or a weak solution of creosote and the bichloride of mercury; one grain of the latter to an ounce of water. The lotio carbonis is also of considerable benefit. After the irritation has subsided, or, in chronic lichen, small doses of mercury should be given. In lichen urticatus of children, when in a weakly subject, quinine or iron may be prescribed, and the hydrochlorate of ammonia, used externally, in the proportion of one scruple of the powder to an ounce of cerate, applied morning and evening. An alkaline bath is occasionally beneficial; and, in confirmed cases, the sulphur springs of St. Sauveur, Louesche, or Aix-la-Chapelle, may be tried. In scrofulous lichen, which appears between the ages of fifteen and twenty-five years, cod-liver oil is recommended by Hebra, who also advises its external application. For the relief of red lichen, Hebra places most reliance on arsenic.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869), in obstinate cases, where the skin has become much thickened and is desquamating, advises lotions of liquor potassæ, ʒss-ʒss to ʒj aq.; sulphur-vapour baths, the vapour douche, ointments of camphor, calomel, tannin, the green iodide of mercury, the bichloride of mercury or tar. Internally, small doses of Donovan's solution, or of some of the sulphurous mineral waters. In cases attended with debility, dilute nitro-muriatic acid, or the triple citrate of quinine, iron, and strychnine.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) observes that the slighter forms of acute lichen require no treatment. In obstinate cases he recommends the exhibition of arsenic. Cold applications and laxatives are the suitable remedies for lichen agrius. Blood-letting should never be practised. For chronic lichen agrius, baths, soft-soap, tar, and the preparations of sulphur, but especially the internal administration of arsenic, are the remedies most advised.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) states that his remedy is a mixture containing the three salts of potash and spirits of juniper in large doses, with hydrocyanic acid and tincture of gentian given in infusion of calumba. He generally orders two grains of Dover's powder three times a day; copious draughts of some alkaline mineral water, or vegetable acid drinks. Locally, the common chalk mixture of the B. P. has no equal. Arsenic in the very chronic varieties. In debilitated subjects, bark, quinine, and the mineral acids. As vegetables increase the itching, the quantity should be limited.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. J. Roberts, M.D., pp. 1043, London, 1873), in the acute stages, uses soothing applications, and treats the general health according to the indications present in any individual case. In the chronic form, carbolic acid, tar, or some of the mercurial preparations, will be necessary. Internally, tonics or alteratives combined with arsenic.

Liver, Abscess of the.—Dr. CHARLES MURCHISON (*Clinical Lectures on Diseases of the Liver, Jaundice, and Abdominal Dropsy*, pp. 556, London, 1868) does not hesitate to recommend the propriety of evacuating the pus in a large number of cases of tropical abscess of the liver. He suggests the following rules:—(a) In all cases where there is a visible fluctuating tumour, operate at once. (b) In cases where symptoms of abscess of the liver are present,

with a distinct tumour projecting from the normal contour of the liver, or causing bulging of the ribs, even though there be no perceptible fluctuation, it will be well to operate. (c) When symptoms of abscess co-exist with uniform enlargement of the liver, but with no distinct tumour or bulging, if there be any local œdema or obliteration or pain, it may be better to wait, as the enlargement may probably be due to multiple abscesses, or if there be but one abscess, it is doubtful if it will be reached. When the operation is resolved on, it may be performed as follows:—(a) When there is distinct pointing, with an inflammatory blush of the skin, an opening may be made with a bistoury. (b) Under other circumstances a small trocar will be preferable, and ought to be introduced wherever there is the slightest fulness or superficial œdema, or acute pain. (c) When the abscess is small, not holding more than ten or twelve ounces, it ought to be completely evacuated, and the canula tied in for two or three days. On its removal a tent of lint dipped in oil may be substituted. (d) When the abscess is very large, it will be better to evacuate it by instalments at short intervals, carefully excluding the air on each occasion. (e) In the exceptional cases where no adhesions exist, it will be prudent to produce them by the local application of caustic potash, before puncturing. (f) After the operation a large warm poultice should be applied over the liver, and the patient should lie on it, taking care that if the canula has been left in, pressure upon it is obviated by a suitable pad or pillow. A full dose of morphia ought also to be administered at once.

Liver, Lardaceous or Waxy.—Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) prescribes the iodide of potassium and the iodide of iron in cases in which syphilis is involved. In scrofulous or tuberculous patients, the therapeutic measures should be directed especially to the cachexia, which is to

be considered as standing in a causative relation to the affection. Dietetic and other hygienic measures are of the first importance. *Budd* recommends the muriate of ammonia, from five to ten grains three times a day. *Frerichs* attaches importance to mild alkaline remedies and the use of the sulphurous mineral waters.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. London, 1872) says iodine and iron are the remedies indicated by the nature of the disease, and the circumstances under which it occurs, but nothing is known as to the effects of remedies.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) thinks that the preparation of iodine and iron, particularly syrupus ferri iodidi, and alkaline baths, although they may not improve the liver disease, may do much to arrest its progress.

Dr. MURCHISON (*Diseases of the Liver*, pp. 556, London, 1868) recommends as nutritious a diet as is compatible with the digestive powers of the individual. A moderate allowance of alcoholic stimulants, removal to a mild and equable climate, tonics (*e.g.* the various preparations of iron, nitric acid in combination with gentian or quinine, iodine, ten or fifteen minims of the tincture of the B. P., diluted, three or four times a day), and the external use of nitro-muriatic acid. In all cases of waxy liver the complications to be expected are diarrhœa, vomiting, albuminuria, dropsy, and uræmia. The diarrhœa must be met by mineral and vegetable astringents with opium, and counter-irritation to the abdomen. For the vomiting, ice, bismuth, hydrocyanic acid, and counter-irritation to the epigastrium, are the most useful remedies. The albuminuria requires no special treatment apart from that of the diseased liver. Dropsy must be met by diaphoretics and diuretics, the liquor ammoniæ acetatis with warm baths, and the bitartrate or acetate of potash with digitalis. With these remedies it will be well to combine the salts of

iron, such as the perchloride with the liquor ammon. acetat., or the acetate of iron or the acetate of potash. Drastic purgatives must always be given with caution in this form of dropsy, for fear of inducing an uncontrollable diarrhœa. Where uræmia occurs, the remedies indicated are diaphoretics, diuretics, the vapour-bath, and, if necessary, a brisk purgative.

Liver, Cirrhosis of the.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says absolute abstinence from spirits is indispensable; the diet should consist of mild, simple articles of nourishment, especially easily digested animal food. Coffee, spices, and articles irritant to the liver must be avoided. Swelling and tenderness indicate leeches and fomentations. Mild saline laxatives may be given, and when the tenderness ceases, rhubarb and salines. When nausea or vomiting occurs, hydrocyanic acid, belladonna, morphia, or extract of nux vomica, are particularly suitable.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) attempts to arrest the progress of interstitial hepatitis by strictly forbidding the use of spirituous liquors. He recommends the application of leeches about the anus, and the administration of saline laxatives, the natural or artificial mineral waters of Karlsbad, Marienbad, Tarasp, &c. If the nutrition of the patient have already suffered much, he gives the preference to springs containing small quantities of iron, such as Eger, Franzenbrunnen, Kissengen, Ragoczy, and Homburg springs. In the second and subsequent stages the treatment of cirrhosis can only be symptomatic. Among the symptoms of congestion, the gastric and intestinal catarrh demand particular attention; for this, alkaline carbonates are most beneficial. We should only tap the patient when it is imperatively necessary; the fresh collection of fluid may be retarded by compressing the abdomen with a proper bandage. Diuretics are useless. The most important

medication in the treatment of cirrhosis is, to improve the strength and nutrition of the patient. Under a free use of iron, and a diet consisting of milk and eggs, Dr. Niemeyer has frequently seen the fluid in the abdomen diminish.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) enforces abstinence from spirituous drinks. Nourishing diet is important. Saline laxatives, especially the bitartrate of potash, will often be useful. Bitters or other stomachics may be called for to relieve nausea and strengthen digestion.

Dr. HABERSHON (*Diseases of the Liver*, pp. 91, London, 1872) states that in the treatment of cirrhosis the co-operation of the patient is essential for success; for if, after improvement, there is a return to injudicious habits and to excess, the disease soon makes rapid progress. At an early stage mercurial medicines lessen the engorgement of the portal system, and promote the absorption of fibrin; but it is most important to bear in mind that, in proportion as general degenerative changes take place, mercury is injurious, and when the powers of digestion are thoroughly impaired, mercury increases the weakness of digestion. The *long-continued* use of iodide of potassium is often of service. In great exhaustion with ascites, Dr. Habershon has found more benefit from quinine with mineral acids, and from those means which are likely to improve the general health of the patients, than from diuretic measures more directly calculated to promote the absorption of fibrin effused in the glandular texture. Dr. Habershon believes that the operation of tapping is often deferred till it is too late. In cases of chronic cirrhosis, the continued use of saline aperient waters is often attended with the greatest benefit.

Dr. MURCHISON (*Diseases of the Liver*, pp. 556, London, 1868), in the early stage, advises attention to the diet, which ought to be spare, and to consist of such articles as milk, eggs, farinaceous substances, and plainly-cooked fish

or meat. Alcohol in every form, all hot spices, and everything that is rich or indigestible, ought to be strictly interdicted. Regular exercise in the open air ought always to be enjoined. The bowels ought to be kept freely acting by occasional doses of saline purgatives, with small doses of calomel, blue-pill, podophyllin or rhubarb, alkalies—*e.g.* the bicarbonate, citrate, or tartrate of potash, or soda, or the artificial Vichy salt—are also often useful, or the patient may have recourse to the mineral waters of Ems, Vichy, Vals, or Carlsbad. If there be much pain in the region of the liver, dry cupping, or mustard and linseed poultices, should be employed. If the pain be great, a few leeches to the right hypochondrium, or round the anus, may be applied. In cases where all pain and uneasiness have subsided, but where the liver remains enlarged, the various preparations of iodine are sometimes of use; if they fail in reducing the liver, the mineral acids, and bitter tonics, and the nitro-muriatic acid bath, ought to receive a trial. The bath should consist of two ounces of strong hydrochloric, and one ounce of strong nitric acid to two gallons of water, at a temperature of 96° or 98°. In the second stage of the malady there is no treatment which can restore the portion of the liver which has been lost, or remove the obstructions to the portal circulation; all that can be done is to counteract the effects of the disease, and support the patient's strength. The diet ought to be more nutritious than that which is permissible in the early stage, but still non-stimulant in its character. For such patients as insist on having a daily allowance of stimulants, dry sherry diluted with water, and the light wines which contain least alcohol, such as claret and hock, are the best. Tonics, such as nitro-muriatic acid, taraxacum, gentian, quinine, nux vomica, strychnia, and iron, ought to be given from time to time to improve the appetite, digestion, and general strength. Purgatives when the bowels are sluggish; the compound colocynth and

henbane-pill, with a small quantity of blue-pill or podophyllin, or some of the saline purgatives; sulphur when there are hæmorrhoids. For the ascites, diuretics and purgatives, such as acetate or bitartrate of potash, with nitric ether and decoction of broom-tops, combined with a pill containing pulv. scillæ gr.iss, pulv. digitalis gr.ss, and pil. hydrg. gr.ij, twice or three times daily. Diuresis will also sometimes be induced by fomenting the abdomen with an infusion of digitalis of about four times the usual strength. The muriate and benzoate of ammonia—ten to twenty grains, combined with taraxacum, are also sometimes useful as diuretics. When the ascites is very great, purgatives are of more use, such as salines, the compound jalap powder, gamboge, and elaterium, but they must be given with some caution. When there is danger of the respiratory function becoming seriously interfered with by the pressure of the fluid, paracentesis must be performed.

Liver, Congestion of the.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends a restricted and judicious diet—abstinence from all rich dishes and fermented liquors. Active exercise in the open air on foot or horseback. Plummer's pill, or a purgative dose of calomel with compound jalap powder, at bed-time, followed by a seidlitz powder, Püllna water, or the usual black-draught in the morning. In chronic congestion the external use of iodine ointment; two leeches every second day to the verge of the anus, repeated from ten to fifteen times. Nitro-muriatic acid internally. An electuary, composed of equal parts of sublimed sulphur and the powdered gum-resin of guaiacum, is useful where the congestion is associated with hæmorrhoids. When dropsy prevails, a grain and a half of hydrargyrum, squills and digitalis, night and morning. In bilious congestion copious draughts of hot-water act as an emetic, and will relieve the congestion. Leeches and fomentations are indicated if pain prevails over the liver, followed by Plummer's pill

at night and a black-draught in the morning. In passive congestion, characterized by want of action of the liver, hydrochlorate of ammonia in doses of five to ten grains three times a day is of service.

Dr. MURCHISON (*Diseases of the Liver*, pp. 556, London, 1868) advises the application of a few leeches around the anus. If depletion be deemed inexpedient, sinapisms may be applied over the liver, followed by linseed or bran poultices; tepid baths are sometimes useful. The diet should be of the least irritating character—only small quantities of milk, beef-tea, or farinaceous articles ought to be taken at a time; alcohol ought to be rigidly interdicted. Purgatives are in most cases of great utility; the best are those which increase the watery exhalation from the mucous membrane of the bowels, such as the sulphates of soda and magnesia, seidlitz powder, Püllna water, the citrate of magnesia, and the bitartrate of potash, with an occasional dose of calomel, blue-pill, or podophyllin. When the congestion is traceable to irritating ingesta, an emetic in the early stage sometimes does good. During the persistence of the symptoms of congestion—enlargement and tenderness of the liver with jaundice—and especially in those cases where there is much gastric derangement, alkalies and then salts with the vegetable acids ought to be prescribed two or three times a day on an empty stomach. When the more urgent symptoms have passed off, and the patient chiefly suffers from debility and dyspepsia, with a slight increase of the hepatic dulness, the mineral acids and vegetable tonics are most useful. In patients who have suffered from malarious fevers, quinine and iron are particularly indicated. The diet ought to be more generous, but fermented liquors ought still to be absolutely interdicted; and if wine be allowed at all, it should be sherry or claret in small quantities and diluted. The bowels will require strict attention. Regular exercise in the open air ought to be enjoined. In the

chronic condition advantage is often derived from the use of the nitro-muriatic acid bath (*see* Dr. Murchison on Cirrhosis of Liver), as recommended by Sir Ranald Martin.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869), in the early stage, prescribes saline purgatives. At a later period aperients combined with a mineral acid, or ammonia, ether, &c. Benzoate of ammonia if the urine be deficient in quantity or in acidity. Where the heart or lung affection which gives rise to the hepatic congestion is not far advanced, the careful use of the sulphur-springs of Harrogate, the waters of Carlsbad, or those of Kissengen or of Marienbad, will frequently afford considerable relief.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. Philadelphia, 1871) gives two or three grains of blue-pill at bed time, with one purging dose in the morning, or sulphate or citrate of magnesia, repeated if necessary, followed by ten or fifteen grains of bicarbonate of soda twice daily, with light diet.

Liver, Hydatid Tumour of the.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. London, 1873) states that fomentations of strong solutions of common salt over the region of the liver have been recommended for hydatids of that organ, and *Dr. Budd* says that, from the peculiar attraction and affinity of the hydatid cyst for salt, it is possible that the collection of the latter in the fluids thus effected may prevent the further development of the echinococcus, or destroy it altogether. Dr. Niemeyer has little confidence in iodine, mercurials, or anthelmintics. When we decide on puncturing the hydatids, the same rules are necessary as in opening abscesses of the liver. In multilocular hydatids treatment can accomplish nothing.

Dr. MURCHISON (*Diseases of the Liver*, pp. 556, London, 1868) confesses that little or no dependence can be placed on any medicinal agent for effecting a change in

the size or in the structure of an hydated tumour. Puncture of the cyst with a very fine trocar holds out a fair chance of effecting a permanent cure. The administration of chloroform before the operation is not advisable, as the pain is but momentary, and the vomiting sometimes induced by the chloroform interferes with that perfect rest of the parts which ought always to be insisted on for forty-eight hours after the puncture; but if the patient be young or nervous, it may be well to induce local anæsthesia by the ether spray. The point selected for puncture ought to be that where the hydatid fluid appears to approach nearest to the surface. In order to prevent the entrance of air, it is well to remove the canula before the whole of the fluid has been drawn off; or as soon as the fluid ceases to flow in a full stream, first passing a wire through the canula to ascertain whether the stoppage be due to the closure of its orifice by an hydated vesicle. After removal of the canula, the opening should be covered with a piece of lint steeped in collodion, over which a compress and bandage are applied; an opiate should be given and the patient should be left in the recumbent posture, and every movement of the body strictly prohibited for forty-eight hours.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) has great faith in the power of full doses of iodide of potassium to cause absorption of the fluid portion of the cysts, and thus to insure the destruction of the hydatids.

Dr. DUFFIN (*Lancet*, Jan. 30, 1869) relates a case which aptly illustrates the value of the method of puncture with the small trocar in the treatment of cases of hydated tumour of the liver.

Locomotor Ataxy.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) sums up the treatment of this disorder in the brief precept—to husband and sustain the general strength. In cases

in which we are able to trace or to suspect syphilis, Sir Thomas recommends a mixture consisting of a fluid ounce of the tincture, and a fluid ounce of the syrup of orange-peel, one grain of the bichloride of mercury, and one drachm of the iodide of potassium; of which one fluid drachm may be given in an ounce and a half of water two or three times a day.

Dr. C. B. RADCLIFFE (*Reynolds' System of Medicine*, vol. ii.) does not advise any special treatment beyond sustaining the general health, and meeting any special indication, such as syphilis, or gout, or rheumatism, or struma. He would attain the object of rest by the assistance of crutches, especially in the early stages, and supply the place of muscular exercise by electricity. He attributes the disease to functional loss of power of the spinal cord.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends topical blood-letting by cupping or leeches, cautiously employed, and perhaps frequently repeated, with persistent counter-irritation over the spine (by blisters, moxæ, actual cautery, or ice), particularly over those parts where there is tenderness or pain. Phosphorus, in the form of phosphates of metals and salts, of diluted phosphoric acid, as a drink in the daily allowance of water, of phosphate of soda as an aperient; nitro-muriatic acid as a tonic, and cod-liver oil as a dietetic agent; nutritious diet, warm clothing. Cannabis Indica and belladonna give the greatest relief to the pains. Electricity only during the pauses in the disease, but with great caution, and in the form of a constant current rather than the induced current, or faradisation.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) begins the treatment with the local abstraction of blood by leeches, and derivation to the skin by blisters along the spine, when it is probable that

the disease has resulted from taking cold. Subsequently he orders the waters of Wildbad, Gastein, Ragaz, Pfäfers, Tiplitz, &c. In very recent cases only, sweating in moist clothes and a subsequent short bath appear to be beneficial. If the mineral waters do not seem indicated, nitrate of silver may be given. Galvanism may also be tried—the current being passed through the spinal nerves. If there is a suspicion that the disease is of syphilitic origin, anti-syphilitic treatment should be instituted.

Dr. JARDIN BEAUMETZ (*Bull. Gén. de Thérap.* Jan. 1867) recommends phosphorus in $\frac{1}{70}$ -grain doses, in almond oil.

Professor WUNDERLICH (*ibid.*) advocates the use of the nitrate of silver.

M. DUCHENNE (*ibid.*) bears testimony to the utility of the induced or interrupted current of electricity.

M. TROUSSEAU (*ibid.*) has found sulphur baths prove useful.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) says, in the absence of any special indication, measures to maintain the nutrition and tone of the muscular system, to invigorate the general health, to remove coexisting disorders, and to palliate incidental symptoms, may doubtless do much towards retarding the progress of the affection, and prolonging the life of the patient. Some benefit may be derived from the judicious employment of electricity.

Dr. DRINKARD (*American Journal of the Medical Sciences*, July 1873) is of opinion—

1st. That strychnia offers at least as much chance of amelioration in locomotor ataxia as any other remedy that has yet been tried in this disease, and that its benefits may be more promptly and decidedly obtained by the hypodermic method than by its internal use. Moreover, the intolerance exhibited to the use of the drug, verified by his own experience and by the numerous recorded instances of its employment in ophthalmic practice, justify him in

thinking that the amount may be increased far beyond gr. $\frac{1}{32}$ twice daily, and with proportionate increase of beneficial effect.

2nd. That without denying to morphia, especially as administered hypodermically, its place as the sheet-anchor in this terrible disease, whose frightful and characteristic pains will yield to nothing else apparently, we must yet be even more on our guard in administering it than we usually are. For even if there be not a special tolerance of opium and of all sedatives and narcotics in locomotor ataxia, as there probably is of strychnia in this and other conditions of nervous tissue-change, the severity of the pain itself may increase its toleration, and encourage the continued use of larger and larger doses; until, finally, relief can only be obtained by an amount conceivably incompatible with life, or the patient sinks, killed as much by the drug as by the disease.

Lupus.—MR. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867), in all the forms of lupus, says it is important to regulate the functions of digestion and the secretions of the patient, and afterwards make our way through the ordinary tonics to the specific tonics. The diet should consist of one-half or two-thirds animal food taken at each meal, and with the addition at dinner and supper of beer. To children a few grains of phosphate of lime may be given with each meal. The medicines especially applicable are cod-liver oil, iodine, iron, and nitric acid, combined with cinchona or quinine. The *local* treatment must be stimulant in various degrees; the unguent. resinæ floræ, or the unguent. picis liquidæ; or, if we need milder applications, the benzoated ointment of oxide of zinc, or unguent. calaminæ. The liquor plumbi diacetatis, pencilled on the tender skin, is sometimes useful, and when the ulceration is healed, the juniper-tar tincture, or balsam of Peru, will be found of service in strengthening and hardening the skin. When tuberculous growths are

to be absorbed, or enlarged glands to be reduced, the compound tincture of iodine or a saturated solution of iodine in glycerine may be painted on the part. In *lupus exedens*, the morbid tissue of the ulcer must be destroyed, and the condensed and infiltrated tissues unloaded by means of a free application of nitrate of silver, the acid nitrate of mercury, or a solution of equal parts of potassa fusa and water. After the operation the part may be dressed with the unguentum resinæ diluted one-half, or with the benzoated ointment of oxide of zinc. In *lupus non exedens* the morbid tissue must be destroyed by the solution of caustic potash (equal parts); after the application no dressing is required; and when the crust falls, the caustic should be repeated until the disease is entirely removed. If there be any objection to the caustic potash, the acid nitrate of mercury, nitric acid, or the chloride of zinc, may be employed instead. When the diseased surface is extensive, and the caustic can only be applied to a part of the eruption, the remaining portion should be kept washed night and morning with the juniper-tar soap, and afterwards anointed with the benzoated ointment of the oxide of zinc. *Lupus erythematosus* is best treated in the same manner as *lupus non exedens*, with the caustic potash solution.

Dr. WEISSE (*American Journal of Dermatology*, Jan. 1871) extols the acetate of lead. The ulcerations are carefully freed from scabs, their surfaces washed and dried, then a crystal of the acetate of lead is thoroughly applied and repeated every week. A solution of the salt (gr. viij ad 3j) is kept constantly applied on lint, with a piece of oiled silk covering it. If the patient goes about much, an ointment containing the salt (gr. x ad 3j) may be substituted for the lotion. The pain produced by the application of the crystals may be relieved by cold water.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292,

London, 1867) says, in lupus exedens the scabs should be removed; in slight cases this is accomplished with a pair of ordinary dressing forceps; but in the more severe the scabs or crusts should be previously moistened with rags dipped in almond or sweet oil, or with a poultice. To the surface now exposed we apply for a few seconds a little cotton or carded wool, to soak up any pus or blood; and as soon as it is thus cleansed, the part should be touched with the solid nitrate of silver, or else painted by means of a glass brush with the acid nitrate of mercury. The pain is greatly lessened by the after application of collodion. After the eschar occasioned by the caustic has come away, the surface should be wetted two or three times a day with a weak nitric acid lotion; if it still looks unhealthy, the operation may be repeated at intervals of two or three weeks. In other cases, in which, as recovery ensues, a red and granulating surface is left, carbolic acid in the form of a lotion may be applied over the thin scales which have replaced the former scabs. Cod-liver oil should be given internally, and half-a-grain of calomel with opium two or three times a week.

Dr. LIVEING (*Medical Times and Gazette*, March 23, 1872) remarks that our first care must always be not to do harm, and by the use of strong caustics produce a severe scar, when nature would have left but a smooth and slight one. Lupus erythematosus, in common with most other kinds of lupus, is always influenced unfavourably by exposure. No remedy can be regarded as a specific. Amongst the most useful may be mentioned cod-liver oil, arsenic, and small doses of perchloride of mercury, and perhaps the most generally useful of all, viz. combinations of the iodine and bromine salts. These compounds are contained in the Woodhall Spa, in Lincolnshire. If strong caustics are used at all, they should be applied with great care, and only along the border of the

lupus patch. Of the milder remedies, blistering is one of the most useful, especially if it is combined with other treatment, such as the use of a weak nitric acid lotion, or the application of some form of tar. Hebra strongly recommends a plan by friction with soft soap, and the occasional use of soft-soap plasters. The application of mercurial plaster is, perhaps, more generally useful than any other local remedy.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869), in both forms of lupus, has recourse to constitutional and local remedies. Nutritious diet, animal food, plenty of milk. Cod-liver oil, arsenic in combination with quinine and iron, or with a mixture of the phosphates of iron and lime and soda. In lupus exedens, powerful caustics, such as chloride of zinc, nitric acid, and acid solution of nitrate of mercury, and pure carbolic acid. For the destruction of the tubercles and patches of diseased tissue in chronic lupus, caustics are also required.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) prescribes quinine and iron in conjunction with good air and nutritious diet. Opium when the patient sleeps badly. A dose of rhubarb and some mercurial preparation occasionally. After a time stronger preparations of iron (the muriated mixture) ought to be used, alternated every second week with a mixture containing a grain of iodine, sixteen of iodide of potassium, and eight ounces of infusion of bark. Cod-liver oil should be always taken. Our last resource, he says, must be iodide of arsenic. Locally, Mr. Meldon uses nitric acid; one or two applications he always finds sufficient. Blistering collodion he has also seen used, and with apparently good results. An application of carbolic acid, or an ointment of iodide of mercury, is generally of great service.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, M.D., pp. 1043, London, 1873) prescribes tonics,

cod-liver oil and good living. Locally, if the parts be inflamed, liquor plumbi. Later on, caustics, as acid nitrate of mercury, arsenical paste, &c., mercury plaster, &c.

Measles.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) recommends confinement to the house; and the observance of the antiphlogistic regimen in regard to diet, and regulation of the bowels. The most important part of the treatment relates to the remedies to be employed for the pulmonary symptoms. (See Arts. *Bronchitis* and *Pneumonia*.)

Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) says the patient must be submitted to vigorous discipline, so far as the avoidance of chill is concerned, as the issue involves the safety of the lungs. As soon as rubeola is suspected or developed, and after a preliminary clearance of the alimentary canal by means of a mild purgative, five grains of carbonate of ammonia in water, broth or milk, may be administered every three hours, or in severe cases oftener, and when the symptoms subside, less frequently. When the ammonia treatment is not adopted, the best remedy is the liquor ammoniæ acetatis ʒij, with or without nitric ether (ʒss) and camphor mixture (ʒj); and where the bronchitis is troublesome, a few drops of ipecacuanha wine (m.x). Where there exists pruritus, the skin should be anointed with lard, which should be applied with gentle friction to the whole body, and repeated every twelve hours. Retrocession of the eruption is to be treated by the application of stimulants to the skin—either ammonia or cajeput liniment, or mustard, spongio-piline saturated with a solution of mustard, or the spiritus sinapis, mustard poultices, a mustard-bath, or the ammonia-bath.

Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1873) recommends, when convulsions occur in children, hot foot-baths, as well as sinapisms to

the limbs; after which, if they do not subside, blood must be taken from the temples. Diarrhœa should not be checked suddenly, but kept under control.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) advises exposure to cold to be carefully avoided. The patient should be confined to bed, in an apartment moderately warm. Low diet, mucilaginous drinks, gentle aperients, and mild diaphoretics, may be had recourse to. A draught, containing one drachm of the liquor ammoniæ acetatis, ten to twenty drops of the sp. æth. nit., and half an ounce of camphor mixture, may be given to a child six years old every four or six hours.

Dr. DAVIS (*New York Medical Record*, July 1, 1871) considers the following formula one of the best preparations in the first stage of severe cases of measles:—℞ syrup scillæ co. ʒiiss, vinum antimonii ʒss, tinct. opii camph. ʒij, tinct. verat. viride ʒj; m. Dose, one teaspoonful every three hours in a tablespoonful of water. If the bowels have not been moved for a couple of days, he directs a mild laxative. If symptoms of pneumonia occur, the best remedy is the following:—℞ liq. ammon. acetat. ʒiiss, syrup ipecac. ʒss, tinct. opii camph. ʒj, tinct. verat. viride ʒj. Dose for a child two years old, ten drops; for an adult, a teaspoonful every two or three hours, till the fever is controlled. In the active stage, while using this mixture, the chest should be covered with fomentations.

Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) orders the child to be kept in bed in a large, well-ventilated room, free from draughts. The diet must be low. Tepid drinks may be freely given. All discharges and soiled linen should be instantly removed; the motions should be passed into vessels containing a disinfectant. The body may be sponged with warm water, or if there be much itching, inunction with

unsalted lard is useful. For the cough a mixture containing citrate of potash with ipecacuanha wine, with a few drops of nepenthe or tinct. camph. co., is recommended. If the fever runs high, the weak mineral acids sweetened and largely diluted will be very grateful, or a mixture of citrate of potash and Rochelle salt may be given in an effervescing form. If the fever be of low type, with brown tongue and failing powers, large doses of chlorate of potash and stimulants will be useful. For sleeplessness and nervous excitability, bromide of potash will be required. Sudden recession of the rash, with an onset of delirium, should be met by plunging the child into a bath containing mustard, and leaving it in until the surface becomes red. The child should then be rolled in a blanket and the strength supported. For laryngitis, a sponge wrung out of very hot water should be applied over the larynx and steam inhaled. Pneumonia will call for stimulating embrocation, and the administration of carbonate of ammonia with senega.

Mercurial Tremor.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871), in addition to well-chosen food, fresh air, regular exercise, steel and quinine, has witnessed beneficial results from very small doses of strychnia and suitable quantities of the iodide of potassium. The patient must, of course, be removed from the further operation of the poison. Cinamon, Sir Thomas has been told, possesses particular properties as an antidote to the destructive effects of mercury.

Miliaria.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 930, London, 1867) says the constitutional management must be directed to the cure of the disease with which it is associated. Quinine with sulphuric acid, or the aromatic sulphuric acid, is generally of service. Locally, tepid baths, the juniper-tar soap, sponging with a tepid solution of ammonia, or with tepid vinegar and water.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) orders a cool regime, diuretics freely to relieve the congested skin, followed by quinine. Locally, bran or alkaline baths, with slight astringent and cooling anodyne lotions to the skin.

Nephritis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) recommends venesection in proportion to the strength of the patient and the violence of the symptoms; warm fomentations, the warm bath, the injection of warm water into the bowel, purgative medicines (nothing is so good as castor-oil, if the stomach will take it), or infusion of senna with manna; or if the stomach be very queasy, *pills* composed of cathartic extract and calomel. *Saline* purgatives, which irritate the urinary passages, are to be avoided. When there is no fever, *i.e.* when the case is one of nephralgia, and a calculus is passing, after a purgative, opium in full doses should be given, either through the stomach or *per rectum*.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes warm fomentations, the vapour-bath, the hot-water bath, mild purgatives and diaphoretics, especially those containing opium, such as Dover's powder.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) recommends local depletion in some cases, counter-irritation, fomentations, rest and restricted diet. If the urine be suppressed or greatly diminished, hydragogue cathartics and the hot-air bath.

Dr. BASHAM (*Renal Diseases*, pp. 242, London, 1870), in cases of nephritis arising from cold and wet, prescribes hot-air baths, dry cupping from the loins, diaphoretic salines, hydragogue purgatives, and subsequently ferruginous tonics, of which the soluble ammonio-chloride is the best. The diet should be nutritious, light, care being

taken that the digestive function is not oppressed by too bulky a meal.

Nephritis, Acute Desquamative (see also *Albuminuria*).—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) resorts to local depletion over the region of the kidneys by means of leeches or cups. General blood-letting should be rejected. Calomel, and other so-called antiphlogistic, is equally improper. Warm baths, followed by envelopment of the body in woollen blankets, are much preferable to the internal exhibition of diaphoretics. If the bowels be confined, a few powerful doses of drastic medicine should be given—jalap, senna, or even colocynth. Mineral waters containing carbonic acid are the most suitable beverage. Drastic diuretics are contra-indicated, owing to the inflamed condition of the kidneys. During convalescence the administration of quinine and iron and a plentiful supply of albuminous food, are recommended.

Dr. F. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) says our object must be to rest the kidneys, while we purify the blood by means of the other excretory organs. The patient must remain in bed in a moderately warm room; low diet, water or barley-water; and in order to get the skin and bowels to act freely, the hot-air bath or hot-water bath must be used daily; diaphoretic medicines and saline or other purgatives. Diuretics should never be given. As recovery advances, great care must be taken to avoid exposure to cold, and all errors in diet should be rigidly guarded against.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 1871) prescribes hot water, hot air, or 'blanket' bath, cupping the loins, active purging and diaphoretics.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes evacuants—castor-oil, compound jalap powder or podophyllin, and opiates.

Blisters ought to be avoided. The kidneys should be relieved as much as possible from the labour of elimination. Hot-air baths and antimonial remedies are recommended. Cupping over the loins relieves pain in the back. The food should be scanty, consisting of gruel, arrow-root, milk, or weak broth; pure water is the best drink, and alcoholic fluids are not to be taken on any account. When the tongue becomes clean and the general symptoms improve, mutton broth or beef-tea may be given, and (as the digestion improves) solid food. Flannel must be worn next the skin. Iron is of great service during convalescence.

Nephritis, Chronic Desquamative.—Dr. AUSTIN FLINT (*Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) is of opinion that in general, hydragogue cathartics constitute the most efficient and reliable means of affording relief. If the dropsy be slight, saline cathartics may suffice, but if large, more active hydragogues are required, viz. elaterium, gamboge, or the bitartrate of potassa with jalap. The acrid drastic cathartics are to be avoided. Diuretics may be tried without risk of doing harm. If the state of the stomach and bowels preclude the internal use of diuretics, their external application may be tried after the plan proposed by Christian, viz. an infusion of digitalis (ʒj in water ʒxx), applied to the abdomen by cloths soaked in it, or by the *spongio-piline*. Sudorifics (the hot-air bath is most efficient) must be relied on if hydragogue cathartics are not borne, and the kidneys do not respond to diuretics. In cases of excessive distension of the lower limbs and genitals, temporary relief may be obtained by making numerous minute punctures of the skin so superficial as not to draw blood. Alimentation, as abundant and nutritious as the powers of digestion will admit of; clothing to secure uniform warmth and activity of the functions of the skin; and such an amount of outdoor life as the strength of the patient will bear, consti-

tute the hygienic management which is of the first importance.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) recommends warm clothing, flannel next the skin, a dry and warm dwelling, and forbids the patient to go out at night or in bad weather. Excesses in spirituous liquors and the use of diuretics, cubebs, copaiba, and spices, are to be strictly prohibited. The so-called antiphlogistic method is inapplicable to any of its stages. The diet should be rich in protein compounds; soft-boiled eggs, milk, strong meat broths, and roast beef, in as large quantity as the patient is able to digest, are probably the best preventives of the dropsy. A moderate amount of beer or good wine should be prescribed. Quinine and iron are the most suitable medicines. Dr. Niemeyer obtained most brilliant results, where all other treatment had failed, by putting the patients upon an exclusive diet of milk. If the above measures prove unsuccessful in averting the dropsy or in allaying that which already exists, the establishment of active diaphoresis by means of the hot bath is strongly to be recommended. In desperate cases recourse must be had to diuretics; cream of tartar and small doses of Dover's powder are decidedly beneficial; squills and other stimulating diuretics must not be employed without the utmost caution. The drastics most frequently employed in the treatment of chronic Bright's disease are—elaterium gr. $\frac{1}{6}$ – $\frac{1}{2}$, colocynth in form of decoction ʒj–ʒij to water ʒvj; but they should never be had recourse to save in time of extreme need. As remedies against uræmic intoxication, strong drastics and iced applications to the head always seem to produce a favourable impression.

Dr. BASHAM (*Renal Diseases*, pp. 242, London, 1870), from observations made on several cases of chronic albuminuria, which have been placed under circumstances favourable for breathing and inhaling air charged with

ozone, is disposed to place great reliance on pure air. A sea voyage frequently retards the progress of renal degeneration. A sea-side residence, if accompanied by habits of early rising and exposure to the influence of the morning air, is often attended with the best results. The damp chill of evening must be avoided. The whole body should be clothed in flannel. All public assemblies or gatherings of crowds in ill-ventilated rooms should be avoided. Mineral waters of a chalybeate character are recommended, and a residence of some weeks at Vichy, Pyrmont, Schwalback, or Spa, is oftentimes followed by very satisfactory results, especially in those cases traced to pre-existing blood-poison.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. Jan. 1869) states that when the disease is the result of gout we must regulate the diet, disallowing sugar and all fermented liquors; attend to the various excretory functions, and employ such remedies as are indicated by the patient's general condition and state of health. The skin must be kept warm; the warm water, air, or vapour-bath prescribed, with diaphoretic medicines. Gentle aperients, dry cupping over the loins, frequently repeated, or counter-irritation by sinapisms, tartar emetic ointment, or ammonia liniments, quinine, iron, and other tonics. Mercurials, and especially all diuretic medicines, are strictly to be avoided. In cases attended with dropsy, elaterium, gamboge, jalap, &c. Spontaneous diarrhoea is not to be checked unless it produces exhaustion. When there is much depression, we must avoid drastic purgatives, and simply get the skin to act freely by diaphoretics, and especially by the use of the hot-air bath repeated every night or on alternate nights. In these cases the diet must be generous, and a small quantity of wine may often be allowed with advantage.

Neuralgia.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871)

restores or improves the general health, and prescribes the subcutaneous injection of morphia—the remedy upon which most reliance may be placed for the immediate relief of neuralgic suffering.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends diffusible stimulants, such as sal volatile, hot tea, quinine in a full dose, alcohol in small doses, blistering, the application of ammoniacal fluid to the skin immediately over the painful nerves, and the endermic application of a fifth of a grain of morphia.

Mr. BRADLEY (*British Medical Journal*, Oct. 26, 1872) recommends, where the neuralgia is accompanied by much nervous waste, a couple of drops (equal to one-fifth of a grain) of the mother tincture of phosphorus in a little glycerine.

Dr. JOHN CHAPMAN (*Lancet*, Feb. 3, 1872) believes that the best method of cure consists in modifying the temperature of the spinal region by the application of heat and cold.

Dr. WALTER G. SMITH recommends galvanism—the direct current. He prefers the ten-celled Leclanché's battery to all others; it combines the advantages of cleanliness, durability, and constancy, requiring no care for a long time after it is once charged.

Professor BENEDIKT (*Schmidt's Jahrbücher*, No. V. 1871), for tic-douloureux, gives galvanism the first place—applied partly along and across the head, and partly to the sympathetic nerve. In recent cases one or two sittings suffice for cure; severe cases require about fourteen days, relapses a shorter time. He restricts the use of subcutaneous injection of morphia to supposed incurable cases of neuralgia. Digital compression to the carotid is sometimes followed by good results.

Dr. W. A. HAMMOND (*Canada Medical Journal*, Dec. 1868) recommends belladonna in doses of one-fourth

of a grain of the extract, increased as necessary. Hypophosphites are useful; dose, ten to twenty grains. They act by setting free phosphorus in the stomach. Hypodermic injections of morphia may be used during the paroxysm. In their use avoid the face; a good point is the inside of the arm. Aconite rubbed upon the painful part until a pricking is felt is next in value. Chloroform may be used externally, internally, or by inhalation not carried to insensibility.

Dr. E. WOAKES (*British Medical Journal*, Aug. 8, 1868) introduces the ergot of rye as a remedy in the treatment of neuralgia. He reports five cases—one of severe neuralgia following shingles, one of sciatica of four months' duration, one of hemicrania, and two of ordinary tic; in all of which cure resulted in from four to six days after commencing with the ergot.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 576, London, 1873) says facial neuralgia frequently yields to the external application of aconite preparations, sufficiently strong to produce decided numbness and tingling of the skin.

Dr. LACKERSTEIN (*Practitioner*, Jan. 1873) recommends the application of the following colloid, which should be brushed lightly over the part five or six times, forming successive films:—Amyl. hydrid $\bar{3}$ j, collodion (B.P.) $\bar{3}$ j, aconitiæ gr.j, veratriæ gr.vj. The Editor of the *Practitioner* has tried the remedy, with good, though not conclusive results, in two cases of supra-orbital neuralgia.

Drs. BUZZARD and ANSTIE (*Practitioner*, June 1870) have found great benefit from the constant galvanic current.

Dr. WRIGHT (*Lancet*, Nov. 19, 1870) asserts that the oil of peppermint is a good local anæsthetic.

Dr. BILL (*American Journal of Medical Sciences*,

Oct. 1870) recommends the local application of carbolic acid.

Dr. KENNION (*British Medical Journal*, June 13, 1860) asserts that neuralgic and other headaches (see *Headaches*) may be relieved by the application to the temple, or behind the ear, of a solution of bisulphide of carbon.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) states that rubbing for a few minutes with saturated tincture of aconite root, until the skin tingles, or the application of ointment of veratria (gr.xx in $\bar{3}$ j of lard), may be used in severe cases. In the most obstinate ones a blister may be applied, dressed, after removal of the cuticle, with two grains of acetate of morphia, diluted with ten grains of gum arabic; or, most prompt usually of all, solution of morphia may be hypodermically injected, to the amount of one-fourth drachm to one drachm at once. Sometimes the inhalation of ether, nitrous oxide or chloroform, is resorted to for the relief of intense neuralgic pain. Debility predisposing to it, in some cases moderate doses of an alcoholic stimulant will give relief.

Dr. BEGBIE (*Edinburgh Medical Journal*, July 1871) reports well of oil of turpentine as being especially remedial in periodical cephalagia.

Dr. HENRY LAWSON (*Sciatica, Lumbago and Brachialgia: their Nature and Treatment*, 8vo. pp. 200, London, 1872) recommends the hypodermic injection of minute quantities of morphia. He uses a very concentrated solution (morphia muriat. gr.x aquæ dist. $\bar{3}$ ij), which requires to be warmed before using, and commences with one-sixth of a grain.

Obstruction, Intestinal. — Dr. BRINTON (*Intestinal Obstruction*, 1867) prescribes, in intus-susception of the large intestine, repeated injections of liquid into the

rectum, so as to distend the bowels to its utmost dimensions. In stricture of the large intestine, the institution of an artificial anus above the obstacle. In obstructions from bands, diverticula, &c., mostly affecting the small intestine, gastrotomy, and division of the cord-like cause of strangulation; a procedure which, if interrupted by unforeseen impediments, may further require the institution of an artificial anus in the most distended part. In obstruction by stricture, however, a tobacco enema should be administered at least once, and repeated, if need be, in obstruction by bands, and especially by gall-stones. In all cases opium and support to be freely administered from the earliest stage of the malady. The bulkier liquid constituent of the food to be given as sparingly as possible by the mouth, but freely per anum. Distensive enema to precede all operations, if only as a means of aiding or assuring diagnosis. Where vomiting is excessive, nourishment to be also injected into the rectum in small and frequent doses. After recovery, all food which can introduce indigestible substances into the intestine should be carefully avoided.

Paralysis.—Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) recommends the judicious employment of electricity.

Dr. JACOBI (*New York Medical Record*, Oct. 1, 1870) recommends small doses of ergot, internally, in the early stage of infantile paralysis when spinal congestion is believed to exist.

Dr. W. CARTER (*Liverpool and Manchester Medical and Surgical Reports*, 1873) states that among the methods of treating local paralysis, that by the hypodermic injection of strychnia deserves careful attention. The solution should be used sufficiently concentrated. The one-twentyfifth of a grain may be injected at first, but the dose must be rapidly increased up to one-tenth or one-eighth of a grain. When a concentrated solution

is used, the effects are more local than when it is diluted.

Dr. FISHER (*Brown-Séguard's Archives of Scientific and Practical Medicine*, No. IV. 1873) observes that we possess in dry heated air one of our most serviceable aids. The necessary apparatus for the employment of local heat is simple enough, and within the reach of every one. All that is needful is a spirit lamp, or other similar means for generating heat, and a contrivance for retaining it about the paralysed limb. Dr. Fisher uses a box, containing a gas stove, with a heavy curtain in front, which is arranged in such a manner that the patient can be seated comfortably before it in a chair, with an arm or leg reclining within on a non-conducting support. When the warming has been complete, its good effects are shown, not only in the redness of the skin and the increased circulation, but the patient experiences a grateful sense of power in the part. Warmth is of value in all forms of palsy, and at all periods of its continuance.

Dr. WILLIAM A. HAMMOND (*Treatise on Diseases of the Nervous System*, 3rd edit. pp. 574, New York, 1873) is decidedly of opinion that the best treatment of paralysis agitans consists in the use of the constant primary current to the spinal cord, sympathetic nerve, and the affected muscles, while at the same time strychnine and phosphorus are administered internally.

Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) directs the treatment against the supposed cause. In children, dentition, worms, constipation, &c., must be inquired for and attended to. Purgatives are generally needed; some tonic must also be given; steel answers very well. Dr. West gives the eighth part of a grain of spirituous extract of nux vomica to a child four years old, three times a day, increasing the dose till it reaches the third of a grain. A combination of quinine and steel is often useful. For a child two years old, five

drops of the fluid extract of ergot may be tried two or three times a day. The limbs affected should be exercised every day by a baby-jumper, go-cart, or other such means; friction ought also to be employed. The bay-salt water-bath, followed by friction with a rough towel, Dr. Ellis has found very useful; but the remedy which has in his hands always succeeded best is magneto-electricity, the currents being passed at first two or three times a week, and gradually more frequently along the course of the nerves, for ten minutes or a quarter of an hour at a time.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) says, after paralysis has lasted some time, its degree almost always depends partly on diminished excitability of the nerves, and on commencing atrophy of the muscles from long disease. For both of these states the methodical excitement of the nerves by the induced current is certainly the best remedy, and, at all events, it deserves the preference to irritating liniments, salves and tinctures.

Pellagra.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends improved hygienic conditions, a sound diet of mixed animal and vegetable food, beer or wine and tonic medicines, especially quinine with chalybeates. To this general plan may be added repose, warm bathing, and a careful avoidance of exposure to the sun.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) prescribes change and variety of diet, avoidance of ergoted maize, the use of wine, and removal from pellagrous districts.

Pemphigus.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) regulates any disorder of digestive function and the secretions, and then gives bitters with mineral acids, especially the hydrochloric; bark with sulphuric acid, citrate of quinine

and iron, and arsenic. If there be feverish symptoms, effervescent salines with ammonia, sulphate of magnesia, with quinine and infusion of roses, and chlorate of potash. Locally, we should puncture the bullæ as soon as they are fully developed, then apply benzoated ointment of oxide of zinc spread on lint, and afterwards cover the dressing with a sheet of cotton wool. If there be much sensitiveness of the excoriated skin, apply nitrate of silver (gr.i-iiij, ad ʒj) and dress it as above night and morning. In case of moist discharges, the excoriations may be dusted over with pulvis cinchonæ. Nourishing diet, meat and wine, unless any contra-indication arise.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) says tonics and sometimes arsenic internally, with baths and soothing applications externally, are the only remedies likely to be useful. The sub-acute form seen in infants should be treated as if it were of syphilitic origin, with mercury and cod-liver oil and tonics.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873), in the acute form, prescribes an aperient at the outset, then salines, with ammonia, unstimulating nourishment—strong broth—and as soon as the pyrexia is at all subdued, tonics, with quinine in full doses. For children, chlorate of potash and quinine with wine from the outset. In the syphilitic variety the mother should be well toned up and well fed; and in children who can bear it, slight mercurial inunction. Locally, weak solutions of permanganate of potash and carbolic acid, with the use of absorbent powders, and when the sores are tolerably clean, weak nitric acid lotion. In chronic cases, good diet, plenty of meat, quinine, cod-liver oil, the mineral acids and arsenic.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) prescribes mild salines, punctures the blebs, if they be of a large size, with a fine needle, and

sprinkles the surface with powdered starch. He relieves the irritation by a lotion of the oxide of zinc: a drachm with a like quantity of calamine powder and two drachms of glycerine, in eight ounces of water. In a second description of cases, when the disease is of a more general character and also severe, in which blebs are constantly forming on the genitals and other regions, arsenic is of the greatest service.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869) prescribes diluent drinks, laxatives, and emollient applications. Care should be taken to avoid rupturing the bullæ; any raw surface should be dressed with some soothing and gently-astringent ointment, *e.g.* the ung. zinci oxid. Chronic pemphigus requires a generous diet, wine, quinine, iron, arsenic, and small opiates.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869), for pemphigus neonatorum, prescribes a simple solution of raw meat, which is the only remedy which has appeared to him to have any beneficial effect.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) merely supports the strength of the patient until the disease subsides spontaneously. With regard to external treatment, *Hebra* prohibits the use of baths and ointments as expressly as he does the internal administration of specifics. He, however, recommends sprinkling of the moist spots with dry vegetable powder, especially lycopodium seeds.

Pericarditis.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) prescribes topical blood-letting by means of leeches, to be followed by warm fomentations or poultices. In all stages of the malady rest is imperatively to be enjoined, and if the pericardium becomes distended with fluid, it will be expedient to give diuretics, stimulants, as well as good

nourishing diet, and a large blister may be applied over the region of the heart. In the early stage of the disease, blisters are to be avoided. If the patient should be in danger of perishing from the amount of the pericardial effusion, the *ultimatum remedium* of tapping the distended bag must be adopted. The puncture should be made with a very fine trocar, at the upper angle of the fourth left costal interspace, the patient lying on his back, and the fluid let out very gradually, but completely.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) recommends local blood-letting to moderate the pain when it is troublesome—from ten to twenty leeches, according to circumstances—to the left edge of the sternum. The use of cold deserves great reliance, even ice-bladders upon the cardiac region. Digitalis is suitable in cases where the beat of the heart is very frequent and insufficient, causing cyanotic and dropsical symptoms. Calomel and blue ointment, in spite of the praise of English physicians, are not only useless but hurtful. Impoverishment of the blood, which occurs in protracted cases, requires nourishing diet and iron. Threatening heart-palsy demands stimulus. In order to promote absorption, *Bamberger* lays stress upon the application of warmth and moisture, and especially upon flying blisters. Paracentesis is to be performed when the distress of the patient, especially from the dyspnœa, imperatively demands aid.

Dr. AITKIN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends local abstraction of blood; fomentations, sometimes plain and sometimes medicated with opium, friction with camphorated and iodureted liniments; and, in obstinate cases, blisters. If depletion has been excessive—if signs of muscular weakness supervene—if there be evidence that the heart, previous to the attack, was in a weakened state—if a

tendency to collapse or to a typhoid state manifests itself—wine, quite irrespective of the physical conditions of the heart, must be given. Digitalis in cases where the beat of the heart is very frequent and insufficient, causing cyanotic and dropsical symptoms. Opium, in doses of one grain every third hour, so long as it does not produce contraction of the pupil, nor headache, hot skin, furred tongue, nor constipation. In the rheumatic form, colchicum, moist warmth and flying blisters.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*) says blood-letting should be employed with great circumspection. Depletion by means of saline purgatives, with restricted diet, is indicated in the early stage. For some years the author has treated all cases of pericarditis without mercury, and he has found no reason to be dissatisfied with its omission. Opium should be administered. Locally, mild, revulsive and soothing applications. In the second stage, if the amount of effusion be sufficient to enfeeble the heart, it is highly important to remove the liquid as speedily as possible. For this end, the præcordia may be painted daily with the tincture of iodine, and small blisters may be applied, removing them as soon as vesication begins. Hydragogue cathartics and diuretics as in pleurisy, taking care not to depress the vital powers. The strength in this stage should be supported by alcoholic stimulants, tonics and nourishment.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes opium and the vapour-bath. Alkaline drinks also do good. The nourishment should be light, consisting of gruel, arrowroot, and mutton broth. When the strength fails, milk, strong beef-tea, and wine must be given. Absolute repose of body and mind in all cases is important. When the effusion into the pericardium is abundant, a large blister should be applied over the præcordia. The iodide of potassium

has been advantageously administered to promote absorption.

Dr. F. J. FARRE (*St. Bartholomew's Hospital Reports*, vol. ii.) believes that opium tranquillizes the heart, and by procuring rest for that organ it promotes the cure of pericarditis, just as it promotes the cure of peritonitis by tranquillizing the intestines, and diminishing their peristaltic action. Dr. Farre employs blisters in pericarditis, not only when effusion has taken place, but in every case as soon as pain is felt in the heart, and he generally finds that they afford the same relief as leeches or cupping.

Dr. J. WARING-CURRAN (*Practitioner*, Aug. 1868) has found veratrum viride of the highest value. The extract made by inspissating the juice of the root is the preparation he has invariably employed, prescribing it in two-grain doses, with one grain of calomel in the form of pill every two hours, and carefully watching its effects. Its power of reducing the frequency of the pulse, and of increasing the renal and hepatic secretions, lead him to regard veratrum viride as almost a specific for pericarditis.

Dr. BEUMLER (*British Medical Journal*, Oct. 21, 1871) particularly recommends the application of ice to the cardiac region, especially for its influence in reducing the number of the heart's contractions and in relieving pain.

Peritonitis. — Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) says the great remedies for peritoneal inflammation are rest, blood-letting, and opium. As early as possible after the inflammation has declared itself, the surface of the belly should be covered with leeches; from twenty to forty may be applied at once, followed by a large, warm, but light poultice, or the abdomen may be assiduously fomented with flannels wrung out of hot water. In this

disease calomel does harm, but opium is essential. Purgatives are dangerous. When the time arrives at which it may seem expedient that the bowels should be emptied, enemata should be employed. In chronic peritonitis leeches may be applied to the abdomen in small numbers, and frequently repeated, and followed by soft, warm poultices. Blisters, when the pain is not severe, and the tenderness less. Attention to the state of the bowels, which should be regulated by mild laxatives rather than by drastic purges. A nourishing, but unstimulant diet. Frictions upon the belly, with ointments containing iodine, have done good. But do what we may, Sir Thomas adds, in nine cases out of ten, our best directed efforts will be disappointed.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872), in milder forms of the disease, when the pain is bearable, and the pulse steady and under 100, prescribes twenty leeches over the abdomen, followed by warm fomentations, together with the administration of opium in frequently repeated grain doses. The diet should be of the mildest and least stimulant kind. In chronic peritonitis, iodide of potassium combined with alkalies, Dr. Aitken has found a most useful combination; together with inunction of the abdomen with the iodine ointment. For the chronic vomiting effervescing draughts, combined with hydrocyanic acid, or m.ij to m.v of tinct. opii. One or two drops of creosote in some aromatic water may also be tried. For the diarrhoea, kino, catechu, hæmatoxylum, or the mist. cret. comp. c. opio may be given.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873), if the patient can bear it, covers the entire abdomen with cold compresses, and renews them every ten minutes. By many patients warm cataplasms are better borne. Opium is invaluable. In protracted cases, any incapsulated collections of pus which

may form must be steadily poulticed and opened early. Like treatment and the use of iodine externally and internally are indicated in chronic peritonitis. In regard to the *symtomatic indications*, an early cyanosis, and still more excessive dyspnœa, if accompanied by symptoms of œdema of the lungs, requires venesection. The vomiting is most benefited by swallowing small pieces of ice. Even the mildest eccoprotics should not be used for the constipation until the inflammation has ceased. In protracted cases, where there seems to be danger from the consumption caused by the fever, we should give sulphate of quinine in large doses, small quantities of wine, and a nutritious and easily digested diet.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) is opposed to blood-letting and cathartics; he relies mainly on opiates; but other measures are important. Quietude of the body is to be enjoined; the bladder is to be relieved by the timely use of the catheter, if there be retention of urine. Rubefacients, sinapisms, or turpentine stupes, may be applied over the abdomen; blisters are contra-indicated. Sustaining measures are indicated in proportion as the symptoms denote failure of the vital powers. Tonics, alcoholic stimulants, and concentrated nourishment, constitute the supporting measures.

Phlebitis. — Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) recommends local depletion when the inflamed vein is accessible; regulation of the bowels; strong animal broths and wine to support the strength; opiates to tranquillize nervous irritability and restlessness. Our object is, in the first place, to subdue and resolve the inflammation; or, at any rate, to prevent its passing beyond the adhesive stage. To this end, the vein being obvious and superficial, we apply leeches, cold lotions or fomentations. During the progress of the malady, especially when suppu-

rative phlebitis is prevalent, it would be unsafe to cut into a large vein, lest by that slight violence we establish a fresh local phlebitis. Indeed after the suppurative form has once been set up, general blood-letting does no good ; but, on the contrary, impairs the power of the system at large to struggle against the disease.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) employs rest, fomentations, and poultices and purgatives. When the system is low, stimulants and tonics ; especially good beef-tea, port-wine or brandy, ammonia and bark, and opiates to relieve the restlessness.

Pityriasis.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit, pp. 931, London, 1867) regards this as merely a milder form of psoriasis. The treatment is very much the same. For the spots on the faces of children, the diluted nitric oxide of mercury ointment and soap ablutions are usually all that is necessary ; or, in obstinate cases, a lotion of emulsion of almonds with the bichloride of mercury, one grain to the ounce.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) recommends Fowler's solution in small doses ; and locally, a mixture of white precipitate and red oxide of mercury ointment. Alkaline lotions are also useful.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) prefers quinine and steel, with cod-liver oil, to any other remedy, followed by the tincture of the perchloride of iron, together with good plain food. Locally, in the early stage of the disease, he keeps the patient wrapped up in olive-oil. In chronic cases he soothes the skin with oil, then prescribes alkaline and bran-baths, and finally tarry applications cautiously used.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) recommends the compound iron mixture of the London Pharmacopœia, or quinine with one of the

mineral acids; and after the age of puberty, arsenic. If the disease be dependent on syphilis, then, as in psoriasis, the bichloride of mercury may be given with the iodide of potassium. In general pityriasis, when the skin is dry, two ounces each of glycerine and tragacanth boiled in a pint of water, mixed with thirty gallons of the latter and given as a bath; or a lotion of one grain of the bichloride of mercury, half-an-ounce of glycerine to three ounces of water. Should the disease attack the face, ten grains of camphor, ten minims of glycerine, and an ounce of cerate, may be used with advantage. In pityriasis of the scalp, the patient should be directed to have the hair cut moderately short, to use a soft brush, and to wash the head once or twice a week with the yolk of egg and warm water, and at night the following ointment should be well rubbed into the roots of the hair: nitric oxide of mercury, ten grains; glycerine, two to four drachms; and cerate, one ounce; or ammonio-chloride of mercury, ten grains, and cerate, an ounce.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) prescribes some tonic infusion, an occasional purgative, and sedative or alkaline lotions to the affected part. In obstinate cases arsenic is the only remedy to be depended on. Occasionally the nitrate of mercury ointment, or the ointment of ammoniated mercury, does much good. Glycerine is an excellent local palliation. Great cleanliness is essential. When the head is affected, the hair must be cut close. Nourishing unstimulating diet, with plenty of milk.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) believes that to an active purge, and bathing the feet in hot water for half-an-hour each evening, he may attribute many rapid cures that he has witnessed.

Pleurisy.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871), in the outset of the disease, has recourse to the lancet. Tartar

emetic, which is so useful when the mucous membrane of the air-passages is inflamed, is *not* adapted to inflammation of the pleura. Mercury is *especially* indicated, given in equal doses, repeated at frequent and equal intervals, and guarded by a small quantity of opium. In very severe cases, when the internal employment of mercury is in any way contra-indicated, recourse must be had to inunction of the linimentum hydrargyri, or of a strong mercurial ointment. If, after these measures, though the fever diminish, there still be pain in any part of the chest, leeches may be again applied, or the part may be covered with a blister. Where there is evidence of effusion into the cavity of the pleura, we must keep the patient on low diet, give mercury and diuretics, and apply blisters one after another to the affected side. A very good form of diuretic for this state of matters is the following:—Half-a-grain of digitalis, one grain of squills, and three or four grains of blue-pill, repeated and continued according to the state of the mouth. In cases in which the effusion continues and increases, and the side instead of shrinking enlarges, we must relieve the oppressed lung by letting the fluid out—by tapping the thorax.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*), in the early period, recommends blood-letting in some cases, the use of opium given sufficiently to relieve pain and tranquillize the system, a saline purgative and remedies designed to act as sedatives upon the circulation. Blisters should not be applied in the first stage. A sinapism, turpentine stupes, or fomentations to the chest, will secure all the benefit of vesication, without the annoyance and other evils of the latter. In the second stage, so long as the quantity of liquid effusion is small, and a further accumulation may be expected to take place, the before-named treatment may be continued. If the pain be still acute and the fever high, depletion by

purgatives and diaphoretics may be useful, combined with opium. When pain and the febrile movement have ceased, hydragogue purgatives, diuretics, and blisters, must be prescribed in order to promote absorption. After the decrease of liquid effusion has reached a certain point, the measures to promote absorption should be discontinued, or employed with moderation. The constitutional strength must be maintained by nutritious diet, tonic remedies, and a little wine. This diet should constitute the treatment after those designed to promote absorption have been sufficiently carried out, and should take the place of the latter whenever there is evidence of the strength giving way. During convalescence the object should be to re-establish the normal health of the patient by tonic remedies, a nutritious diet, and other hygienic means.

Dr. AITKIN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends local blood-letting to relieve the pain and the dyspnœa—from ten to twenty ounces may be necessary to accomplish this end. After free evacuation of the bowels, calomel to the extent of producing the slightest mercurialization, to be followed by opium, digitalis and squills. After the febrile action has in some measure subsided, a blister may be applied over the lateral region of the chest, but *not* over the seat of pain; and if the fluid continues to accumulate, the blisters ought to be repeated. Diuretics ought at the same time to be freely given. The compound tincture of iodine, in doses of twenty minims freely diluted, is a valuable medicine at this juncture; and so also is the liquor iodi of the B.P. of 1867. In the chronic stage, generous diet, tonic remedies, diuretics, absorbents, ioduretted lotions or ointments, iodine, iodide of potassium, small doses of bichloride of mercury, nitre, acetate of potash, squills, digitalis, cantharides or the syrup of the iodide of iron, &c.

Dr. C. J. B. WILLIAMS (*Medical Times and Gazette*, March 23, 1872) observes that the treatment which is succesful in a large proportion of cases of acute pleurisy is chiefly antiphlogistic, and more local than in pneumonia. Venesection is required only in the plethoric and robust, and then only in the earliest stage of the sthenic form; but leeches or cupping may be used with advantage so long as there is pain with increased temperature. In very many cases there is little or no heat of skin; and in these he prefers a large blister at once, keeping it on not more than six or eight hours, and following it with a large poultice covered with oiled silk. This promotes the discharge from the blistered surface, and, acting as a comfortable fomentation on the side, may well be continued till the parts are ready for further blistering, should it be required. Of internal medicines, mercurial and saline diuretics are the best for the early stage of inflammation. If there be severe pain, he gives a few doses of calomel combined with morphia, till the pain is relieved, and then substitutes small doses of blue-pill, with squill and digitalis, two or three times a day, until an effect is produced on the bowels, kidneys, or gums. Salivation is by no means necessary or desirable, the best operation of mercury being on the liver and kidneys; and when these are brought to act freely, the effusion, if serous, generally is stayed and will diminish, quickly in some cases and very slowly in others, without any further active treatment. Saline diuretics of citrate and nitrate, or acetate of potash, are useful in some cases. In mild forms of the disease mercury is not necessary; blisters and saline diuretics are sufficient, and may soon be changed for iodide of potassium in a bitter infusion, with daily painting the affected side with tincture of iodine. But sometimes cases of extensive pleuritic effusion are met with, which, either from original intensity or from not having been treated soon enough, will not yield to

any or all of these remedies ; and whenever the effusion is not so much as to cause such distress in breathing as to interfere with the comfort of the patient, and especially to prevent sleep, there should be no delay in puncturing the chest. We may be more confirmed in recommending this treatment if the symptoms render it probable that the effusion is purulent, and it may be often guessed that this is the case when there is general pallor, with partial hectic flush, alternations of chills and sweats, very frequent pulse, much weakness and tremulousness of movement, and more than usual tenderness and puffy feeling of the walls of the affected side. In cases in which the nature of the effusion is doubtful, the grooved needle may be introduced to settle the point ; but, Dr. Williams says, that in all cases where there is great and continued effusion—such as to prevent sleep—the operation should be performed, whether the effusion is purulent or serous only. In cases of serous effusion, tapping to the removal of two or three pints may be enough to relieve the oppression. The respiration and circulation being thus set free, the rest will probably be absorbed. But in cases of empyema it is desirable to evacuate more matter, and repeated operations may be required. Dr. Williams' experience is in favour of avoiding the admission of air if possible, and for this purpose the simplest and most effectual means is the attachment to the canula of the trocar of a few inches of a perfectly flaccid tube, such as rabbit's intestine, or soft thin indiarubber, which permits the liquid to flow downwards freely, but, collapsing as the current flags, effectually prevents any air from passing upwards. After the operation the treatment should be of a sustaining kind. A course of cod-liver oil with a mild tonic, a generous but not too stimulating diet, and moderate exercise in a healthy air, greatly conduce to convalescence, and may prevent many evil consequences. In cases of empyema with a permanent opening in the

chest, little improvement may take place till the patient goes to a healthy country place or to the sea-side ; and then the discharge soon begins to diminish, and the health and strength are simultaneously improved.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. '2 vols. London, 1873) believes that venesection can be dispensed with in the treatment of pleurisy, with exception of a few rare cases, where certain symptoms demand it. At the commencement of an attack, however, he recommends the use of cold and of local blood-letting. When the patients dread the application of cold compresses, or if the latter do not relieve the pain and dyspnoea in an hour or two, a tolerably large number of leeches or cut-cups should be applied ; and if the pain, which is almost always relieved by the depletion, recurs in the course of a day or two, the local blood-letting should be repeated until the relief becomes permanent. Besides this, half a drachm of mercurial ointment may be rubbed into the affected side of the chest twice daily, but the inunction must be at once suspended the moment that signs of mercurial sore mouth appear. In protracted cases, large light hot poultices do good service. Internal medication, save when called for by special symptoms, is unnecessary. In recent cases, where the fever is high, Dr. Niemeyer gives digitalis usually in the form of infusion (℥ss to ʒvj) ; in tedious cases, where the fever is of a more latent character, he gives it in substance (gr.ʒ for a dose, combined with quinine). Especial attention is to be paid to the deterioration of the blood ; there should be no hesitation about administration of the ferruginous preparations, and of a nourishing diet. Remedies for the promoting of re-absorption of the effusion deserve little reliance. Iodine may be applied outwardly and given inwardly. Paracentesis thorasis should be performed early.

Dr. HARTSHORNE (*Essentials of Practical Medicine*,

3rd edit. pp. 487, Philadelphia, 1871) places confidence in early antiphlogistic treatment in young and vigorous persons. When high fever and constant severe pain occur, bleeding, in such patients, on the first, second, or third day, should be the general rule. Leeches or cups may follow, or be used instead of venesection in doubtful cases. Tartar emetic, after a free purge, may be given, one-eighth to one-fourth of a grain every two or three hours, with half-a-grain to one grain of opium. When fever subsides, or vomiting occurs, the antimony should be withdrawn, opium with or without calomel given while the pain lasts—carefully avoiding over-narcotism by the former and salivation by the latter. As soon as the heat of skin has considerably abated, if the pain continues, a large blister should be applied over the affected part. For the effusion diuretics may be used. Repeated blistering sometimes has excellent effect. When life seems to be threatened by exhaustion from dyspnœa, owing to large effusion not becoming absorbed, paracentesis, or puncture of the chest, is proper.

Dr. FULLER (*Diseases of the Lungs*, 2nd edit. pp. 534, London, 1867) states that in most cases blood-letting is unnecessary; but in some, in which the stitch in the side is severe and the pulse hard, it unquestionably proves serviceable if it be not carried beyond the amount required by the exigencies of the case. Local depletion by means of leeches is preferable to venesection. Following on, and in aid of blood-letting, it is generally expedient to administer a brisk purgative; but when once the bowels have been freely relieved, nothing proves so serviceable as mercury in small doses combined with opium. Dr. Fuller's usual practice is to give half-grain or grain doses of opium every three or four hours, in combination with a grain of calomel and half a grain of digitalis, and to have the whole side covered with a piece of linen, spread with mercurial ointment. Over this

is placed a poultice covered with oiled silk. As soon as the slightest symptom of ptyalism is induced, calomel in every form must be suspended; the opium and digitalis should be continued, combined with two grains of squills. If fever runs high, and the urine is loaded, an ammoniated saline draught with a few grains of the carbonate and acetate of potash assists in maintaining the action of the skin and kidneys; and if the tension of the skin is great and the skin proves inactive, a small dose of tartar emetic may be added to the pills or mixture. If pneumonia co-exists with pleurisy, tartar emetic will be urgently required. Meanwhile turpentine stupes should be applied to the chest, and when they can be borne no longer the whole of the affected side should be kept encased in a jacket-poultice covered with oiled silk, or in a piece of spongio-piline wetted with hot water and sprinkled with laudanum. Vesication should not be employed during the active stage of the disease. The curative action of blisters is not displayed until the pain in the side and the fever are subsiding; then they prove most valuable allies, and operate, probably, by disgorgeing the vessels and stimulating absorption. When effusion takes place in spite of blisters and mercurials, a generous diet must be given, and the general health sustained by quinine and other tonics; at the same time ioduretted ointments, or ioduretted lotions, must be kept constantly applied to the whole surface of the affected side, backed by the internal administration of cinchona with tincture of iodine, iodide of potassium, and small doses of bichloride of mercury, nitre, acetate of potash, squills, digitalis, and cantharides. If all these means fail, and the pleura continues distended with fluid, a question arises as to the propriety of relieving the patient by tapping. (See *Pleuritic Effusion*.)

Dr. ANSTIE (*A System of Medicine*, vol. iii. 1871) divides the treatment of pleurisy into that of the primary

and the secondary forms. For the former the only thing which is of considerable value is opium, until the febrile period is passed over, when the preparations of iron become useful. The patient should be kept in one room, free from draughts, and in the posture which he finds the easiest; he should be kept quiet; hot poultices applied to the side, nourishing, unstimulating diet, an occasional hypodermic injection of one-sixth or one-fourth of a grain of morphia to keep the pain in check. Acetate of ammonia, in doses just short of those which produce decided sweating, will sometimes greatly relieve the pain and distress, even without the aid of opium. After some six or seven days in bed, the patient will probably be well able to sit up, and the only thing necessary to forbid him is *movement*. Dr. Anstie disapproves of blood-letting, and mercury, and counter-irritation is no less repugnant to him. When effusion comes to a stand-still, this author thinks iodide of potassium, six to eighteen grains daily, according to the age of the patient, is worth trial for two or three days, along with the external use of iodine. The muriated tincture of iron is the medicine which stands quite alone in its power to promote the process of absorption. The circumstances under which paracentesis thoracis ought to be performed for pleurisy are the following:—

1. In all cases, at whatever date, where the fluid is so copious as to fill one pleura, and begins to compress the lung of the other side; for in all such cases there is the possibility of sudden and fatal orthopnoea.

2. In all cases of double pleurisy when the total fluid may be said to occupy a space equal to half the united dimensions of the two pleural cavities.

3. In all cases where, the effusion being large, there have been one or more *fits* of orthopnoea.

4. In all cases where the contained fluid can be sus-

pected to be pus, an exploratory puncture must be made ; if purulent, the fluid must be let out.

5. In all cases where a pleuritic effusion, occupying as much as half of one pleural cavity, has existed so long as one month and shows no sign of progressive absorption.

It is not necessary to extract the whole of the fluid ; the removal of just so much as may be necessary to relieve substantially the mechanical distress will in most cases give the necessary spur to the natural process of absorption. The withdrawal of fluid must be arrested the moment that the patient begins to complain of constricting pain* in the chest or epigastrium. In those cases where the purulent fluid forms and reforms, the drainage tube should be used in the manner devised by Chassaignac.

Dr. LEAVITT (*American Journal of the Medical Sciences*, Jan. 1868) writes that in *all* conditions of acute suffering, *pleurisy*, acute rheumatism, angina pectoris, &c., no remedy is so prompt and efficient as the hypodermic use of the morphia salts.

Dr. DUBOUÉ (*Gaz. Hebd. de Méd.* Dec. 27, 1872) relates the remarkably good effects which he has obtained from the use of tannic acid. The *exclusive* use of tannic acid, in eleven grave cases of purulent pleurisy attended with spontaneous evacuation of pus, was entirely successful in a very short time in eight cases ; the ninth case has been under treatment for a long time, with only partial success ; two cases have ended in death. Dr. Duboué also employed the substance in one case of tubercular pleurisy, and in four cases of simple pleuritic effusion, and found that if it did not bring on a cure, it did not at least prevent cure from taking place in all the cases, and in a space of time varying between twelve days and five weeks. The mode of administration varied according to the cases ; but in the greater number of instances the drug

was given in the form of pills:—tannic acid, forty-five grains, confection of roses, a sufficient quantity for twenty-eight pills; four to eight pills daily; one-half an hour before breakfast, and the other half of them an hour before dinner. The ordinary dose was fifteen grains a day, the minimum ten grains, the maximum twenty-five, though there would have been no harm in increasing the dose to two or two-and-a-half drachms. Dr. Duboué was guided, of course, by the condition of the stomach, which bore the drug remarkably well as long as there was a source of suppuration, as also by the effects obtained, and not only the return of appetite, diminution of expectoration, sweats, &c.

Pleuritic Effusion (*see also Pleurisy.*)—Dr. H. W. FULLER's advice (*St. George's Hospital Reports*, vol. v. 1870), founded on large bed-side experience, may be summarised thus:—1st, tap whenever dyspnœa is very urgent, or so soon as it becomes evident that remedies fail to produce absorption of the fluid in the chest; 2nd, tap as low down as possible and make a free opening, allowing the chest to empty itself thoroughly; 3rd, so far as possible avoid causing any local irritation; 4th, if the fluid withdrawn is serous or sero-sanguineous, close the opening with carbolic plaster as soon as the operation is concluded; if, on the contrary, the fluid is purulent, adopt some means to prevent the wound from closing, and take care that the matter is allowed to drain off as fast as it is formed; 5th, after the operation, support the patient by bark and good nourishment, and for a day or two give him opium if necessary.

Pleurodynia.—Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edit. London, 1872) recommends friction with anodyne and stimulant liniments, the warm, vapour, or hot-air baths, rest, with colchicum in small and bicarbonate of potash in free and oft-repeated doses.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th

edit. 2 vols. London, 1873) says that the most successful local treatment is abstraction of the blood by wet cups if possible. The success of irritating liniments, blisters, sinapisms, plasters, &c., in muscular rheumatism is about the same as in articular rheumatism. Perhaps one of the most effective, but at the same time most painful, rubefacients, is the application of the induced current by means of the electrical brush. Stroking and kneading the painful muscles is also recommended. Diaphoresis is the most reliable constitutional remedy. A few cups of elder-blow tea or some warm drink, and plenty of blankets over the patient to excite profuse perspiration, once or twice, usually improve or remove muscular rheumatism. In recent cases a vapour-bath often gives instant relief.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, pp. 467, Philadelphia, 1871) prescribes a large mustard plaster over the part; friction with soap or volatile liniment, dry or wet cups, covering the side with carded wool and oiled silk, a belladonna plaster, a blister if obstinate as well as severe.

Plica Polonica.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends change of air, improved diet, altered hygienic conditions, and tonic alterative medicines, particularly the ferro-arsenical remedies. Local inflammation should be subdued in the first instance by moderately-strong stimulating remedies afterwards applied.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) says lycopodium used internally and externally is considered as a specific.

Pneumonia.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. 1871) writes:—‘When, with the physical evidence of pulmonary inflammation, you find your patient breathing with extreme labour and difficulty, and you notice at the same time the tokens of enormous venous congestion, the veins of the head and

neck turgid with dark blood, while the pulse is very feeble as well as frequent, you may conclude that the right side of his heart is so distended with blood as to be unable to contract, and you must take the blood by venesection, with the chance of so saving your patient's life, and with the certainty of prolonging it, and of giving immediate relief to his exceeding anguish. But I do not advise you to push the bleeding beyond the advent of this manifest relief. I believe this to be the only accident of pneumonia that requires or warrants a recourse to general blood-letting.

‘Again, if at the outset of the illness there is sharp pain in the side, announcing the presence of *pleuro-pneumonia*, you will do well, especially if the patient's health have been previously sound, to apply cupping-glasses or leeches over the painful spot; and you need have no dread, in my opinion, of ultimately damaging him by this local diversion and removal of blood.

‘Diaphoretic medicines are, in all cases, proper and serviceable; and in the severer forms of pneumonia I would recommend you to adopt the treatment by *antimony*, as directed by the Italian physician Rasori; but I would limit and regulate that treatment, in accordance with the rules laid down by Dr. William Gairdner in his instructive volume on *Clinical Medicine*. They are simply these: to give the antimonium tartaratum in doses varying from one-twentieth of a grain to one grain every hour, withdrawing or suspending the remedy as soon as it produces any distressing effect on the patient—continued vomiting, purging, or great general depression; withdrawing it also as soon as the fever appears to have received a decided check. I said *continued* vomiting, because a single act of vomiting may be beneficial. After that the stomach is generally found to *tolerate* the drug, as our Continental brethren express it.

‘I should add that this antimonial treatment is chiefly

useful and fit for the very early stage of the disease, when the skin is hot and dry, and the expectoration scanty and viscid.

‘It will be right, in the commencement of the disease, to administer for once a mercurial purgative—two or three grains of calomel, for instance, with ten or twelve of rhubarb. But multiplied experience has at length wrought a widespread belief that to give mercury in this disorder, with the view of exciting ptyalism, is not commendable practice.

‘Among what may be called the routine remedies of pneumonia, we must rank counter-irritation by means of blisters; but they are often applied to the chest much too early in such cases. In the outset, while there is yet considerable fever present, they add to the irritation and distress the patient, and tend to aggravate the existing inflammation. But when the fever is no longer high and the skin no longer burning, though the expectoration is still difficult, the dyspnœa considerable, and a sensation of pain, or tightness or oppression, is experienced in the chest, then a large blister is often productive of very sensible benefit; but it *should be* a large one. The patient should have a waistcoat almost, or at any rate a breast-plate, of blistering-plaster. I have never seen such good effects from placing blisters upon distant parts in this disease, upon the thighs or arms for instance, as would lead me to plague the patient with them in those situations.

‘What I have said of blisters applies to the other methods of stimulating the surface. Take a case in illustration. A worthy physician, a friend of mine, suffering in his own person an attack of pleuro-pneumonia, was persuaded, against his better judgment, to lay a mustard poultice to his painful side. The pain, as soon as the mustard began to tell, was increased to a pitch that was scarcely endurable. He had the mustard removed, and

the part (after it had been washed) covered with leeches ; with the speedy effect of bringing ease to his suffering, as decided as had been its previous aggravation. The proper appliance under such circumstances is a soft and warm *linseed-poultice*.'

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says blood-letting should only be had recourse to when the following special indications for it arise:—1. When the pneumonia attacks a vigorous and hitherto healthy person, is of recent occurrence (not exceeding fifty or sixty hours after the rigor), the temperature being at or exceeding 105° Fahr., and the frequency of the pulse as much as 120 per minute. 2. As soon as a serous foamy expectoration appears, together with a respiration of forty or fifty breaths a minute, and when the rattles at the chest do not cease for a time. 3. When there are symptoms of cerebral pressure indicated by stupor or transient paralysis. A quarter of a grain to a grain of the tartrate of antimony, combined with one grain of calomel, every four or six hours, after the bowels have been well cleared out, is the treatment in some cases to be adopted. In simple serous-pneumonia two grains of ipecacuanha every four or six hours have frequently been followed by the recovery of the patient. When pneumonia tends to death by exhaustion, camphor, mint, benzoic acid, alcoholic drinks, concentrated soups, are called for. Linseed-meal poultices or hot turpentine fomentations may be applied over the affected side with advantage.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says that simple pneumonia attacking persons previously in good health requires little active treatment, provided only that the extent of the disease be moderate, and that there be no complication. When treated by bleeding, this disease more often terminates fatally than where no venesection has been

employed. Dr. Niemeyer has made extensive employment of cold in the treatment of pneumonia; in all cases he covers the chest of the patient, and the affected side in particular, in cloths which have been dipped in cold water and well wrung out. The compresses must be repeated every five minutes. By this procedure the pain, the dyspnœa, the temperature, and often the frequency of the pulse, are reduced. Venesection ought to be resorted to in the following three conditions only:—1. When the pneumonia has attacked a vigorous and hitherto healthy subject, is of recent occurrence, the temperature being higher than 105° F., and the pulse more than 120. When collateral œdema in the portions of the lung unaffected by pneumonia is causing danger to life, the pressure of the blood is reduced by bleeding, and, by prevention of further transudation of serum into the vesicles, insufficiency of the lung and carbonic-acid poisoning are averted. Whenever the great frequency of respiration in the commencement of a pneumonia cannot be traced to fever, pain, and to the extent of the pneumonic process alone, *as soon as a serous foamy expectoration appears, together with a respiration of forty or fifty breaths a minute*, and when the rattle in the chest does not cease for a while after the patient has coughed, we ought at once to practise a copious venesection. The third indication for bleeding arises upon the appearance of symptoms of pressure upon the brain, not headache and delirium, but a state of stupor or transient paralysis. Digitalis is indicated with a pulse of from 100 to 120 (3j-3ss to 3vj), combined with the neutral salts of nitrate of potassa and soda. Next come the nauseants (acetum et pot. tart. gr. iv-gr. vj to 3vj. S. 3ss. every two hours) and ipecacuanha; after these, quinine, veratrine, and inhalation of chloroform; but these agents have no immediate local influence. Dr. Niemeyer's recent experiments with quinine show that, in cases of danger from

excessive fever, quinine should be given in two-grain doses every two hours, or what is better, in two or three ten-grain doses at short intervals. Modern experience fully warrants the use of veratrin; in recent cases and robust subjects it operates more powerfully than digitalis, both upon pulse and temperature, and is less apt to act cumulatively. Of pure veratrin the twentieth of a grain may be given for a dose—of the resin, *veratri viridis*, one-sixth of a grain. In most cases of pneumonia all the above-named measures are superfluous, and the patient will soon improve under cold compresses and a placebo of gum-water. If the disease advances, stimulants must be administered. By giving large doses of camphor, musk, and strong wine, we are often able, in about twenty-four or thirty-six hours, to support the action of the heart, arrest the progress of the œdema, and facilitate expectoration. For this purpose, benzoic acid (gr.v every two or three hours) is particularly recommended. The treatment of all cases by alcohol, as proposed by *Todd*, is not approved. Preparations of quinine and iron are peculiarly appropriate. The employment of stimulants, generous diet, and iron and quinine, may be indicated from the very outset of the attack, when an adynamic state develops early, as in the case of old persons or of cachectic subjects. Local blood-letting, by means of leeches or cups, must be resorted to in all cases where the pain is not mitigated by the employment of cold, or when the patient cannot bear or will not submit to the latter. It is better not to employ cutaneous irritants, whether sinapisms or blisters, until a late period, when resolution is going on too slowly. If the patient be plagued by cough or restlessness or by sleepless nights, Dover's powder must be given, notwithstanding the persistence of the fever.

Dr. FULLER (*Diseases of the Lungs*, 2nd edit. pp. 534, London, 1867), in cases of sthenic pneumonia, characterised by intense heat and dryness of the skin, a full

resistant pulse, rusty-coloured expectoration, and great oppression of the breathing, has recourse to blood-letting at the beginning of the attack. The plan of treatment, next to that of venesection, which has the greatest reputation, is the administration of large doses of tartarised antimony—an eighth or a sixth of a grain at intervals of three or four hours, in combination with salines and moderate doses of digitalis. Where serious depression of the vital powers is indicated, antimony must be discontinued. It should be clearly understood, however, that the exhibition of antimony is no bar to the use of stimulants, and in like manner that the necessity for stimulants does not preclude the use of antimony. The two remedies may be often combined advantageously. In some instances, however, tartar emetic either fails in exerting a curative action, or is not well borne by the system. Cases in which hepatization of the lungs proceeds with extreme rapidity, in which crepitation either does not exist at all or is of very short duration, giving place after a few hours to intense tubular breathing, and those again which are marked by extreme depression almost from the first, are rarely benefited by tartar-emetic. The former often accompany the rheumatic diathesis, and are seen most strongly marked in connection with acute rheumatism. The latter are met with in cachectic persons, and especially under peculiar atmospheric conditions. The most efficient treatment in the one class of cases consists of calomel and opium in repeated doses, together with digitalis and full doses of alkalies or neutral salts. The latter is to be combated by salines and stimulants, with digitalis or the *veratrum viride*, and calomel should be given only under special circumstances. In either case the external application of turpentine fomentations is useful throughout, and blisters assist in relieving the local pain and in promoting the absorption of the plastic exudation as soon as the first fury of the attack is overpast; but if employed at

the very outset of the disease they are productive of evil. Throughout the attack fomentation of the chest is of the greatest benefit, and when turpentine stupes can be no longer borne the whole of the affected side should be encased in a jacket poultice covered with oiled silk. Stimulants should be given when the slightest symptom of exhaustion is observed. Solid food must be avoided, but good beef-tea may be given from the first, and the patient should be encouraged to drink freely of milk and whey, in which an egg may be broken up. Excessive purgation is worse than useless, but gentle laxatives should be employed when necessary; and diuretics, such as nitre and acetate of potash, prove useful as eliminants.

Dr. HUGHES BENNETT (*Lancet*, May 1, 1869), in a paper on pneumonia, concludes with the following axioms:—

1. That the great end of treatment is to remove the consolidation of the lung, and to restore the organ to its normal state.
2. All that diminishes the vital strength should be avoided.
3. There is no relation between the violence of the symptoms and the fatality of the disease, though the young are attacked most.
4. A weak pulse or want of reaction, the non-disappearance of the solidification, flagging heart action, &c., are bad symptoms.
5. Low diet, too much or too early exercise, the use of purgatives, expectorants, and other lowering measures in convalescence, are bad.
6. In double pneumonia, with such special symptoms as severe dyspnœa, small blood-lettings might be used with advantage.
7. Local pain should be relieved by large poultices.
8. The true disease is hepatization; this is removed by the transformation of the solid material into pus, its liquefaction, its part absorption into the blood, and its evacuation through the excretory organs.
9. These events are favoured by the restorative plan, and diuretics during the progress of disease.
10. The same pathological considerations and

contingent treatment should be had regard to in all cases, complications being met by special means.

Dr. TERRELL (*New York Medical Record*, July 1, 1871) is in the habit of treating pneumonia with large doses of quinine, and says that he has seen as much benefit (in a curative way) from this plan of treatment as from any medicine in any disease. It shortens the attack, and the earlier it is resorted to the better. He regards quinine as a great equaliser of the circulation, and, acting upon the nerves which control the circulation, it is necessarily anti-congestive. For the diarrhœa which sometimes supervenes in the progress of an attack of pneumonia, he has found nothing better than a few grains of tannin, in combination with the quinine, for arresting it.

Dr. SYMONDS (*British Medical Journal*, June 13, 1868) prescribes full and frequently-repeated doses of bicarbonate of potass and spirit of nitric ether, with antimonial wine or ipecacuanha, in combination with poultices or blisters.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, pp. 487, Philadelphia, 1871) is convinced by experience that prompt and moderate antiphlogistic treatment may greatly lessen the danger of pneumonia, if not shorten its duration. Bleeding from the arm, if resorted to, should be done but *once*, not later than the third or fourth day, and it may be moderate in amount. Old persons, and those of feeble system, will neither bear nor require it. Cupping between the shoulders may, in many cases, take the place of venesection. The early administration of a vigorous purgative. Tartar emetic, one-eighth to one quarter of a grain for an adult every two or three hours, may be continued during the height of the febrile stage, to be followed by small doses of ipecacuanha, or nitrate of potash, gr.x, every three hours. A large blister over the affected part is generally useful about the sixth day of the attack. Support by beef-tea, wine or spirits, may be required in a few cases.

Dr. KEITH (*Edinburgh Medical Journal*, Oct. 1868) speaks very highly of the good effects of aconite at the outset of the congestive stage of pneumonia.

Dr. WATERS (*Diseases of the Chest*, pp. 418, London, 1868) speaks highly of a combination of ammonia gr. iv, spt. chloroform m. xx, aq. camph. 5x, where antimony in small doses is not indicated.

Dr. STROHL (*Journal de Médecine*, Feb. 1872) considers sugar of lead to be the best of the internal remedies for pneumonia. It is preferable, he remarks, to tartar emetic, to digitalis, and to veratria, because its action is more certain, more prompt, and more free from inconveniences. Its action is incontestably superior in the pneumonia of old people. About five grains may be taken per diem in solution, in divided doses. M. Strohl has never observed the slightest indication of saturnine poisoning in the course of this treatment, and M. Leudet, who has also used it largely, makes the same observation. Far from producing constipation, it rather occasions diarrhœa. It can be administered at all ages. It does not interfere with any of the phenomena concomitant to the critical resolution, as expectoration, diaphoresis, &c. Under its action the pulse rapidly diminishes in frequency; the febrile symptoms and the temperature fall in the course of six days. The use of the lead may be intermitted as soon as the fever has abated and resolution has fairly set in.

Dr. MACNAUGHTEN JONES (*Dublin Medical Journal*, July 1878) of late has treated nearly every case of acute pneumonia which has come under his observation in the earlier stages of the disease with nitrate of potash in ten to fifteen-grain doses, repeated every third hour, till it has produced its peculiar effect on the temperature and the pulse. In some cases, in consequence of complications, he has had to give up the nitrate, and has resorted to quinine or digitalis. In regard to general measures he

leans to a free and generous support, and rather to the side of the stimulant system than the reverse. He thinks counter-irritants and vesicants, followed by the application of large warm linseed-meal poultices, extremely valuable auxiliary measures.

Dr. A. PATTEN (*American Journal of Medical Sciences*, Oct. 1870) reports the treatment, by himself and others, of three hundred and nine cases of pneumonia (of all grades) with carbonate of ammonia, five to ten grains every two hours night and day, little other treatment being used. The number of deaths was eight, or one in thirty-eight cases.

Dr. LEBERT (*Berliner Klinische Wochenschrift*, 1871), after a complete and searching critical examination of different methods of treatment, proceeds to lay down the bases of the rational therapeutics of the disease. The patient ought to remain in bed, in a condition of quiet, with moderate warmth, and perspiration ought not to be encouraged. He ought to speak as little as possible, and drink neither too cold nor too hot fluids. In very weak patients, ether or small quantities of wine may be given with advantage. When the fever abates, seltzer water with milk may be given, and if the appetite is bad, bitters may be prescribed. In the absence of any definite indication, it is better not to administer any medicine.

Indications for venesection are—pulse full and hard, or small and resisting, with marked dyspnœa, and a cyanotic condition of the patient—all of which point to great embarrassment of the pulmonary circulation. If there be rapid spread of the inflammation, marked cerebral symptoms, and distension of the jugular veins, blood-letting is imperatively necessary. But this expedient is absolutely contra-indicated in secondary pneumonia, in the typhoid form, in that arising in drunkards, and in epidemic or malarious forms of the disease.

When dyspnœa depends not on congestion of the lungs,

but on excitability of the nerves, opium or quinia are to be administered. If opium check expectoration, then quinia is to be substituted, especially when disproportionately high fever and tendency to typhoid symptoms exist. If an antipyretic effect is not produced by the use of the quinia, then cold baths may be tried, especially in the typhoid and alcoholic forms of the disease. If local pain be considerable, cold applications may be made to the chest, or small doses of opium or Dover's powder may be exhibited. If the expectoration be not ejected, tartar emetic or ipecacuanha are to be administered; in tendency to collapse, ammonia, camphor, or benzoic acid, may be prescribed; in profound nervous depression, stimulants and musk. He recommends 4 parts of musk with 2 parts of carbonate of ammonia in 60 parts of rectified spirit and 20 parts of distilled water with 4 drops of oil of peppermint. During convalescence no medicines are commonly required, and all that is necessary is to caution the patient against premature exertion, and to prescribe a proper dietary.

Dr. JÜRGENSEN (*Volkmann's Sammlung Klin. Vorträge*, No. XLV.) believes that the great danger to the patient in pneumonia is from insufficiency of the heart. This depends on the increased resistance in the pulmonary circulation, on the infiltration of the lung which lessens its power of assisting in the general circulation, and on the diminished superficies available for respiration, all of which lead to increased demands on the functional activity of the heart. On the other hand, the elevation of temperature which occurs in the disease increases the frequency of the pulse at the very time that the muscular structure of the heart is weakened. The pulse accordingly is the great guide to the treatment of the disease, just as in fever the axiom '*sine thermometro nulla therapia*' holds good; so in pneumonia '*sine pulsu nulla therapia*' is an important maxim. The most efficient method of preventing the

enfeeblement of the heart consists, according to Jürgensen, in the withdrawal of heat from the body by cold baths as often as the temperature reaches 104° . The duration of the bath ought to be from seven to twenty-five minutes, and with the old and weak tepid water may be used. Before the use of the bath a stimulant ought always to be administered, on account of the increased effort which the bath entails on the heart for the time being. In addition to the lowering of the temperature by the bath, Jürgensen recommends the administration of quinia in doses amounting to thirty grains, dissolved in water by the aid of acid. This quantity is to be administered every second evening between six and eight o'clock. There is no danger in even doubling this dose. He gives a nutritious diet, with a moderate amount of wine. Pain in the side and sleeplessness he treats by subcutaneous injections of morphia. Restlessness and delirium by chloral. If, in spite of the treatment, cardiac weakness supervene, he gives stimulants freely—strong wines, champagne, spirits, camphor, or musk. During recovery he gives reduced iron and bark; and if absorption of the inflammatory products be delayed, he strongly recommends oil of turpentine, which is to be administered in doses of twelve drops, either in milk or in capsules six times daily. By this method Jürgensen has lost only twenty-four patients out of 200 who suffered from the disease.

Polyphagia vel Bulimia (a craving for food beyond the wants of the system).—Dr. AUSTIN FLINT (*Principles and Practice of Medicine*) regulates the diet as far as possible, establishes the general health by hygienic measures, corrects any disorder of digestion which may exist, and palliates the excessive craving for food by opium, or sometimes by nauseant remedies. Swallowing pieces of ice has been found effective as a palliative measure.

Prurigo.—Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) has the greatest faith in strong

alkaline baths, following up by the application of any bland oil or of unguent kept in contact with the skin all night; in the daytime, oxide of zinc or borax and prussic acid lotion. In very obstinate cases, bichloride of mercury in one-twentyfourth grain doses twice a day, with cod-liver oil and alkaline and sulphuret of potash-baths alternately, followed up by oil inunction and the occasional use of the pyroligneous oil of juniper, ʒij to ʒss or ʒj of lard.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) says the clothes should be baked, in order to kill the pediculi, a warm-bath should be taken, and the skin anointed with Stavesacre ointment (ʒj to ʒj). Flannel should be discontinued next the skin until the eruption is well.

Dr. A. D. ROCKWELL (*New York Medical Journal*, July 1871) relates a case of prurigo in a young man treated by sponge electrodes over the whole surface. Benefit at once appeared; the itching diminished, and recovery in a short time appeared to be complete.

Dr. CHARVET (*Bulletin Générale de Thérap.* Aug. 30, 1867) has found the following a nearly infallible cure:—Axunge (simple or camphorated) sixty parts, citrine ointment three parts. Mix. A small quantity of this should be spread in a thin layer over the affected surface; it gives almost instantaneous relief.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869), in general prurigo, calms the over-excitable condition of the skin by lotions of alum, of acetate of lead, of corrosive sublimate, of chloroform, of ether, or of hydrocyanic acid; by ointments of belladonna, or opium; by dusting the surface with oxide of zinc; by baths of lime-water, carbonate of soda, dilute nitric acid, vinegar, alum, or corrosive sublimate; and by the internal administration of opium, belladonna, stramonium, or aconite in suitable doses. Attention should be paid

to the diet, which should be nourishing but unstimulating.

Dr. M'CALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) advises, in prurigo pedicularis, all the washing clothes to be put into *boiling* water before having them washed, and before they are again worn to expose them to a temperature of at least 150° F. in a heated room, or in an oven. The skin may be attacked with sulphur vapour-baths, or mercurial fumigations, or the ointment of staphisagria, or carbolic acid or corrosive sublimate lotions. Should the itching continue after the pediculi have been killed, the patient may be directed to wash the parts with a lotion of hydrocyanic acid (ten to thirty minims to the ounce of water), or if it fails, the following ointment may be used:—℞ hydr. ammoniati, olei cadini āā ʒj, glycerini amyli ʒij, ung. zinci benzoati ʒiv. In addition to the local treatment, the health must be carefully attended to on general principles.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) recommends baths or lotions containing a solution of common salt, potash, corrosive sublimate, lime-water, or dilute acid, inunctions of tar-ointment and of soft-soap, and vapour-baths. *Veiel* regards arsenic as a real specific in prurigo, and claims never to have used it without effect.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) begins with nervous sedatives, both locally and internally. Conium, belladonna, aconite, hyoscyamus, are the best. If these fail, arsenic. Locally, an ointment of carbolic acid and glycerine, or bichloride of mercury. Attention should be paid to the state of the stomach, and in the proper season sea-bathing and change of air should be tried. In young persons blue-pill and compound rhubarb pill, given at night, and a saline draught in the morning, followed by an alkaline mixture, will generally

cure it. In old people, wine, good diet, quinine, small doses of the sulphate of nickel, and cleanliness, is the best treatment.

Mr. ERASMUS WILSON (*Diseases of the Skin*. 6th edit. pp. 931, London, 1867) regards arsenic as a specific in prurigo.

Mr. JOHN TWEEDY (*Hand Book of Medicine*, by F. T. Roberts, M.D., pp. 1034, London, 1873) avoids everything that is likely to aggravate the symptoms, applies soothing applications, anodynes and sedatives, and to allay the itching prescribes a solution of carbolic acid (one to twenty or one to forty), or an alkaline lotion containing hydrocyanic acid. Internally, cod-liver oil, quinine, iron and arsenic.

Psoriasis.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) says if there be, as is more than probable, debility in any shape, arsenic must be administered. Locally, the tar-soap, carbolic acid, soap-tar ointment, the ointment of tar and sulphur, the tar tincture, the nitrate, nitric oxide, ammonia-chloride, iodide, and biniodide of mercury ointments; and, as a stimulant for emptying the tissues of their excess of fluids, the potash solution of a strength proportioned to the purpose to be attained, ranging from one-eighth to one-half of potassa fusa. Great advantage may be derived from a carbolic acid lotion, a lotion of the bichloride of mercury, the juniper-tar lotion, and also from a lotion of nitrate of silver of moderate strength.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends arsenic, small doses of pil. hydrarg. or pil. cal. comp. or hydrarg. c. cretâ at bed-time, for a few days, followed each morning by a drachm of magnesia with a teaspoonful of lemon-juice. But it is of the greatest importance that the diet should be regulated. The vascular excitement of the stomach is best subdued by dilute hydrocyanic acid. Glycerine and

emollient lotions are useful local applications. Oxide of zinc ointment or glycerine starch ought to be applied to the parts at night.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869), in 'inveterate' cases, prescribes tarry preparations—the ungt. picis liquid. diluted, if necessary, with lard. Huile de cade, applied by itself, or mixed with a small proportion of yellow wax. Creosote, mixed with white wax in equal quantities. The empyreumatic oil of the white beech, diluted or not with lard. But in all cases, before the application of the ointment, the crusts should be removed by poulticing. Painting the patches with the liniment. iodi. is often of much service, or a scant application of strong nitric acid diluted with an equal quantity of water. Internally, the liquor arsenicalis, or the tincture of cantharides, or the iodide of potassium, should be given.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) recommends the neutral salts of magnesia in combination with soda or potash, given in some bitter infusion, and when the irritation has abated, arsenic. When the disease is of syphilitic origin, mercury with iodide of potassium in lieu of arsenic. With respect to local treatment, a mild mercurial answers best, as the red precipitate of mercury, to which creosote may be added. The alkaline bath is of great service; on no occasion should soap be used; a substitute may be obtained in oat or barley-meal, or in thin starch. All kinds of stimulating food should be avoided, also salads and sweets.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) observes that psoriasis must always be treated locally with the most energetic remedies. Instead of the white precipitate ointment and the preparations of zinc and of lead, which often suffice to effect a cure of an eczema or an impetigo, the articles best adapted to its treatment are green soap, tar, and the pre-

parations of sulphur. It is best to commence the cure with one or two vapour-baths, in which, by means of soap and a moderate hard brush, the skin is to be cleansed as much as possible from the scales which adhere to it.

M. DE MONTMÉJA (*La France Médicale*, Jan. 15, 1873) divides the treatment into local and general means. The general treatment consists in the administration of mild and frequently-repeated aperients and of arsenical and sulphuretted preparations, as well as of those containing cantharides. M. Hardy prefers small doses of the arseniate of soda to the other preparations of arsenic. M. de Montméja has obtained considerable success from the employment of two drops of tincture of cantharides in a glass of eau sucrée, the dose being increased up to thirty drops per diem. Its use, however, requires extreme care and vigilance. Copaiba is sometimes also given internally. In addition to these means, the waters (containing sulphur) of St. Honoré-les-Bains, Barèges, Aix-en-Savoie, may be tried, especially in inveterate cases. The local treatment that is found most beneficial is the application of vapour-baths and either warm alkaline or sulphurous baths, with ointments containing the empyreumatic oils. It is rare for sulphuretted oils to prove of any service; and if mercurial ointments are used, care should be taken when the scabs have fallen off, lest salivation be induced. The oil of cade, with three parts of lard, is very useful.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) speaks in high terms of the preparations of arsenic as the most important of all specific remedies.

Dr. M'CALL ANDERSON (*Diseases of the Skin*, pp. 180, London, 1872) uses carbolic acid—four grains in a solution three times a day—in cases of chronic psoriasis, when the patches are not much infiltrated.

Dr. HENRY S. PURDON (*Dublin Quarterly Journal of Medical Science*, May 1871) has met with great success

from the administration of large doses of balsam of copaiba given with a little liquor potassæ, mucilage and water.

Dr. TILBURY FOX (*Practitioner*, March 1871) prescribes in the young, cod-liver oil and steel, alkaline and bran-baths, with a free inunction of oil into the skin. In ordinary psoriasis in the adult of an acute character, similar treatment; but if the body is partially affected, and the scaliness is the most marked feature, and the patches of disease are not particularly thickened, water-dressing and wet packing are of great value. As the disease becomes more chronic, strong tarry preparations; when still more chronic and indolent, rubbing with soft soap with a piece of rag night and morning until the epidermis is rubbed off and the congested derma bleeds, and when we find the general health good, the persistent use of arsenic in the solid form, with phosphorous. When the disease is of twenty or thirty years' duration, packing in oil is the best treatment, with the free use of liquor potassæ internally with quinine.

Dr. FREDERICK SIMMS (*British Medical Journal*, March 13, 1869) uses from ten to twenty minims of the balsam of copaiba with liquor potassæ and mucilage, and gradually increases the dose. The copaiba rash soon appears, and carries off the old disease with it.

Dr. MYRTLE (*British Medical Journal*, March 1, 1873) states that from extensive personal observation he is satisfied that frequent and protracted courses of arsenic, mercury, and iodine, whilst they undoubtedly relieve some of the local symptoms, do so in the great majority of cases only temporarily, whilst they permanently exercise in many persons a baneful influence on the general health or condition of certain viscera. The depressing effect of the disease on the spirits, especially in females, is very great, and there is a remarkable tendency to conceal the disease. External applications of the various preparations of coal-tar, creosote, carbolic-acid, and mercury or iodine, singly

or in combination, are most useful, and cannot with ordinary care be injurious. The internal and external use of mineral waters frequently exert a most beneficial influence where other means have failed, but in old-standing cases no good need be looked for unless these are steadily persevered in for months. According to Dr. Myrtle, Harrogate waters seem to exercise an exceedingly powerful influence in the abolishment of the disease.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, M.D., pp. 1043, London, 1873) says in the early and congestive stage emollient applications are best, but later on tarry preparations. Internally, alkaline diuretics or tonics at discretion. Arsenic and phosphorus are useful in some cases, but the former must be persisted in for months.

Purpura.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends tonic treatment, generous but moderate diet. Locally, tepid baths, with the free use of the juniper tar-soap. Moderate stimulation by means of lotions containing the sesquicarbonate of ammonia or the bichloride of mercury with the emulsion of bitter almonds.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) orders the bowels to be effectually evacuated by means of senna, aloes, or calomel and jalap. If several doses of these drugs be not followed by less heat of skin, diminution of the frequency of the pulse, abatement of the internal pains, and a cleaner state of the tongue; if the spots continue to increase in number and size, and the hæmorrhage oozings do not cease, blood, according to age, strength, and other circumstances, may be drawn from the arm. The patient should abstain from animal food in every form; his drink may consist of tamarind-water, or water acidulated with sulphuric acid.

Dr. T. H. TANNER (*Practice of Medicine*, 2 vols. 6th

edit. London, 1869) says the treatment should consist in the exhibition of full doses of sulphate of soda with sulphuric acid or of castor-oil, until the bowels are thoroughly cleared. Then quinine, iron, the mineral acids, and arsenic. Nourishing diet, fresh fruit or vegetables, a fair allowance of malt liquor or wine. The oil of turpentine, or gallic and aromatic sulphuric acids, where there is internal hæmorrhage.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) prescribes gallic or tannic acid, turpentine, creosote, and iron. With the aid of these and proper diet every case attended to in time, he says, may be cured.

Pyæmia.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) fears no trust can be placed in the efficacy of drugs, given with the view of correcting, chemically or otherwise, the tainted quality of the blood; the chloride he means, or the sulphurous acid. One great object is plain. To give the efforts of nature time and opportunity, we must support the patient's strength by abundant digestible nutriment, and by the free use of stimulants, of which brandy is probably the best. Opium is indicated to allay the nervous distress. Chloral may perhaps subserve the same purpose. Local treatment is of minor importance. If there be evident inflammation of a superficial vein, or of a joint, it will be right to apply warm fomentations and soothing lotions, and the contents of accessible abscesses should be removed as soon as that can prudently be done.

Mr. JOHN WOOD (*Practitioner*, Jan. 1871) advises saturating the air round the patient with carbolic acid, by hanging materials containing it near the bed.

Dr. BRAIDWOOD (*On Pyæmia*, pp. 287, London, 1868) recommends a liberal and properly regulated use of stimulants, and of nourishing diet.

Dr. JOSEPH BELL (*Edinburgh Medical Journal*, Jan. 1870) reports three recoveries, in which, with hardly any

medicine, he gave milk, with lime-water, eggs and beef-tea, at short intervals.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. 1871) recommends support and depuration of the blood, pure air, good nursing.

Mr. N. ALCOCK (*Medical Times and Gazette*, Jan. 18, 1873) speaks in the highest terms of quinine in large doses—five grains every three hours—by means of which drug he says we may tide the system over some period of extreme danger from blood-poisoning, with its attendant exhaustion of the vital powers.

Pyrosis.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) advises saline remedies, such as a drachm of the sulphate of magnesia, with fifteen minims of the tinct. hyoscyami three times a day. The compound tincture of benzoin, one fluid drachm with mucilage, is most efficacious. Subnitrate of bismuth is also recommended. Sulphurous acid (m.xxx to one fluid drachm thrice daily) is especially useful where the sarcinæ ventriculi are present in the fluid evacuated. The diet should consist of animal food. Oatmeal and brown bread must be avoided.

Dr. KING CHAMBERS (*The Indigestions*, pp. 293, London, 1867) prescribes mustard poultices, leeches in several relays, three or four every other evening, for a week or ten days, on the tender spot of the epigastrium, with fifteen grains of bismuth thrice a day for ten days; iron pills, shower-baths; diet of broth, with milk and lime water.

Dr. PAVY (*Digestion and its Disorders*, pp. 217, London, 1867) recommends opium in combination with a bitter which he has rarely, if ever, known fail in rapidly affording relief. Any article of food that is known to constitute an exciting cause of the complaint must be abandoned.

Dr. WILSON FOX (*Diseases of the Stomach*, pp. 236, London, 1872) says bismuth, combined with opium, seldom

fails to relieve; but to complete a cure the compound kino powder is the best remedy that can be employed.

Mr. J. G. BRADEN (*Lancet*, Feb. 22, 1873) recommends ten grains of subnitrate of bismuth, with five grains of the compound kino powder, suspended in thin mucilage. three times a day.

Dr. G. B. WOOD (*Treatise on the Practice of Medicine*, 5th edit. 2 vols. Philadelphia, 1866) says the pain may be relieved by opiates or other narcotics, conjoined, if necessary, with revulsive applications to the epigastrium. If the liquid discharges be sour, magnesia, bicarbonate of soda or potassa, or aromatic spirit of ammonia, may be united with the anodyne.

Relapsing Fever.—Dr. NIEMEYER (*Handbook of Practical Medicine*, 2 vols. 8th edit. London, 1873) does not consider cold baths indicated in this disease. It will be well to limit ourselves to sponging the body with cold lotions, and if the cerebral symptoms be severe, to the application of ice to the head. Cleanliness and fresh air are most essential. Internally, the mineral acids diluted should be given. Nourishment should be given early, and if there be much debility, wine should be prescribed. From the tendency to diarrhoea the patient should not drink much water. During convalescence, iron and quinine may be given. *Obermeyer* recommends the administration of lemon-juice when the kidneys are much affected.

Dr. MURCHISON (*The Continued Fevers of Great Britain*, 2nd edit. London, 1873) thinks we may prevent the occurrence of uræmic intoxication, which is one of the main causes of death in uncomplicated cases, by keeping up the action of the kidneys from the first. From one to two drachms of nitre are to be dissolved in two pints of barley-water, acidulated with a drachm of dilute nitric acid, and sweetened with a little syrrop, to be taken in the twenty-four hours. Should jaundice appear, hydrochloric acid may be combined with the nitre mixture.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) after a mild cathartic at the beginning, and, if headache be severe, a few cups or leeches to the back of the neck, recommends cooling diaphoretics, as solution of citrate of potash or acetate of ammonia. After the crisis, which occurs from the fifth to the seventh or eighth day, quinine may be given in moderate doses, at least until the relapse. Many persons will require support, especially in the third week, by beef-tea, alcoholic stimulants, &c.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) says an emetic seems to be useful if the case is seen early. The bowels should be kept open daily by a mild aperient. Attention must be paid to the urine; diaphoretics and diuretics may be given. Cold or tepid sponging is very useful. Opium is a valuable remedy to relieve head-ache, sleeplessness, vomiting, and the severe pains present. Nitro-hydrochloric acid should be administered if there is much jaundice present. The diet should be light and nutritious, but stimulants are often required, and should be given from the first if there is much debility. Quinine may be given with a view, if possible, to prevent relapse. During convalescence, good diet and tonics, especially quinine, mineral acids and iron.

Rheumatism.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) prescribes rest, equable temperature, abstinence from solid animal food, alkaline remedies in the form of an effervescing draught, containing an excess of thirty or forty grains of the carbonate of potash, the dose being repeated every three or four hours, while the fever runs high, and the joints are swollen and painful. The bowels should be cleared once by a purgative, but repeated purgation is undesirable. Locally, warm alkaline fomentations, made by dissolving half-an-ounce, or six drachms, of the carbonate of potass, or of soda, in nine ounces of hot water,

and adding six fluid drachms of Battley's liq. opii sedativus. Then flannel, soaked in this hot lotion, is applied to the inflamed joints, and the whole is wrapped in a covering of thin gutta percha. When the joints are not very painful, they should be enveloped in dry cotton wool. The preparations of colchicum have sometimes an almost magical effect on the synovial form of acute rheumatism. Twenty minims of the wine, or of the tincture, or a grain of the inspissated juice, or of the acetous extract of colchicum, may be given every four or six hours, until some result is obtained.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2nd edit. 2 vols. London, 1873), in the treatment of most cases of articular rheumatism, limits himself to the exhibition of quinine and opium. Opium and morphine are not only invaluable remedies for moderating the sufferings of the patient, but it also seems as if their exhibition prevented the inflammation in the joints reaching a high point; even where there is great fever, opium and morphine are well borne. Among the external remedies, warm and cold compresses, leeches, blisters, as well as numerous narcotic and irritant lotions and liniments, are recommended. In cases of moderate intensity, it is well to envelop the affected joint in wadding; where the pain is severe, cool evaporating lotions are best. Local abstraction of blood should be limited to those cases where a single joint has been considerably swollen and painful for a long while. If, after repeated leeching, the pain and swelling do not subside, if they remain fixed in one joint after disappearing from the rest, we may cover it with blisters, or paint the skin with tincture of iodine. Hot drinks should be forbidden, as they uselessly increase the perspiration. If, during the disease, severe cerebral symptoms come on, we must decide whether they depend on excessive increase of the bodily temperature, or on inflammation of the meninges. In the former case wet sheets or cool baths

are to be recommended. In the latter, we should apply leeches to the head, and then cover it with frozen compresses.

Dr. H. W. FULLER (*Rheumatism, Rheumatic Gout, and Sciatica*, pp. 403, London, 1862) has recourse to alkalies—pushing them as rapidly as possible to the point of producing alkalinity of the blood—and the neutral salts with colchicum, calomel, and opium. Sometimes a little antimony is added, sometimes purgatives are given, and occasionally, though rarely, Dr. Fuller deems it expedient to premise a moderate blood-letting. Baths are never employed if the skin is acting freely; but if, instead of being bathed in perspiration, it remains dry and hot, and burning, he then endeavours to stimulate its action by means of the vapour or the hot-air bath. For allaying the pain of rheumatic inflammation of the joints, the following solution is recommended:—Potassæ carb. ʒj, liq. opii sed. ʒvj, aq. rosæ ʒix; or the decoction of poppies may be substituted for the liq. opii and rose water. Thin flannel soaked in the mixture should be applied to the inflamed parts, and the whole should then be rolled up in gutta percha. With regard to diet, the patient must be kept low; yet, as there is an excessive drain upon the system, it is expedient to allow him more nourishment than would be safe or proper in other inflammatory complaints. Strong beef-tea and jelly may be given in moderate quantity, and whey, thin gruel, or barley-water from time to time.

Dr. DUJARDIN-BEAUNETZ (*Journal de Médecine et de Chirurgie*, 1873, No. II.) has brought propylamine—first recommended by Dr. Awenarius—before the notice of the Société Médicale des Hôpitaux. This remedy appears to have led to extremely good results in the hands of Dr. Gaston, of Indiana, and has been somewhat extensively used by Dr. Dujardin-Beaunetz. Propylamine, which is isomeric with trimethylamine, dissolves perfectly in water. The prescription M. Awenarius used was:—℞ Propyla-

mine, 24 drops; distilled water, 180 grammes; oleo-saccharate of peppermint, 8 grammes. Whilst M. Dujardin-Beaunetz recommends propylamine, 0·50–1·50 gramme; eau de tilleul (lime-tree), 120 grammes; syrup of morphia, 30 grammes; essence of aniseed, q. s. The morphia may be left out. Dr. Gaston found that in acute cases the pain and fever often disappeared in twenty-four, and that the symptoms were almost always greatly ameliorated in from thirty-six to forty-eight hours. M. Dujardin-Beaunetz has used propylamine in six cases of acute, and one of chronic rheumatism, and recovery was complete in each case between the third and tenth day. The more acute the case, and the earlier the remedy was used, the better was the result. Propylamine is an artificial alkaloid obtained from cod-liver oil, ergot, and *Chenopodium vulvaria*. It is a kind of ammonia, exhaling a penetrating and powerful odour of stale fish. At present its price is too high for general use.

Dr. ANSTIE (*Practitioner*, Sept. 1871) believes the prophylactic treatment of rheumatism by the sesquichloride of iron to be one of the most valuable recent improvements in medicine.

Dr. WILKS (*British Medical Journal*, Jan. 2, 1869) considers that the main point for consideration is the discovery of that treatment which will bring the patient through without implication of the heart. That the profession has not arrived at this is certain, from the fact of the thousands who die annually of the cardiac disease, having its origin in rheumatism. He prescribes acetate and nitrate of potash with an opiate at night, occasional blisters to the joints to relieve pain, with flannel next to the skin. Dr. Wilks, in a paper in the *Practitioner*, recommends the use of tinct. of aconite, which he has found of marked benefit, given in frequently repeated small doses.

Mr. R. J. BUTLER (*Medical Press and Circular*, Aug.

5, 1868) writes in the highest terms of valerian, administered in the form of a bath, in subduing the pain and inflammation attending acute rheumatism, particularly of the arthritic form. The bath is made simply by taking 1lb. of valerian root, boiling it gently for about a quarter of an hour in one gallon of water, straining, and adding the strained liquid to about twenty gallons of water in an ordinary bath. The temperature should be about 98 degrees, and the time of immersion from twenty minutes to half an hour. Pains must be taken to dry the patient perfectly upon getting out of the bath. If the inflammation remain refractory in any of the joints, linseed-meal poultices should be made, with a strong decoction of valerian root, and applied.

Dr. FENN (*Canada Medical Journal*, Jan. 1868) writes in the highest terms of the efficacy of the permanganate of potash in the treatment of rheumatism, which he believes to be due to the large proportion of oxygen which it contains. This salt promotes the transformation of lactic into carbonic acid. Dr. Fenn gives it in half-grain doses three times a day. He finds the raspberry syrup to be the best menstruum, as it disguises the somewhat nauseous taste of the medicine.

Dr. OWEN REES (*Guy's Hospital Reports*, vol. xii. 1866) illustrates the treatment of acute rheumatism by lemon-juice, in a series of cases. He states that complications, especially of the heart membranes, scarcely ever occur during the lemon-juice treatment, and that when present in the cases they have existed before the exhibition of the remedy.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) believes in the use of sudorifics, opiates, and saline purgatives, by which excretion from the skin, kidneys, and intestines, is promoted, so that the poison is gradually eliminated from the system. Should effusion take place into the pericardium, the application of

a blister, or of a succession of blisters, will do great good ; and perhaps the iodide of potassium may, in certain instances, be beneficial.

Dr. DICKINSON (*Lancet*, Jan. 1869) believes that the alkaline treatment is the best by far. In St. George's Hospital, in a considerable number of cases, he found the proportion of those in which the heart was involved, under non-alkaline treatment, more than one in four ; under alkalies, one in forty-eight.

Dr. DA COSTA (*Penna Hospital Reports*, 1869) reports favourable results, especially in the apparent prevention of cardiac affections, with bromide of ammonium, in fifteen or twenty-grain doses.

Dr. J. RUSSELL REYNOLDS (*British Medical Journal*, Aug. 28, 1869) asserts good results in six out of eight cases treated with tincture of the sesquichloride of iron.

Dr. W. CARTER (*Manchester and Liverpool Medical and Surgical Reports*, 1873) states that the remarkable power possessed by veratrum viridi of reducing the strength and frequency of the pulse, renders it a remedy of the greatest value in the treatment of acute rheumatism. Two minims of the tincture should be given every hour.

Mr. J. J. H. BARTLETT (*Practitioner*, March 1873), in cases of rheumatism and lumbago, prescribes freshly prepared tincture actææ. It should be given in doses of half-a-drachm three times a day. Giddiness, headache, nausea, and irregular pulse, are the symptoms produced by an overdose.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) has seen unmistakable benefit arise from the alkaline treatment—5ss doses of the bicarbonate of potash, every three or four hours. He is inclined to think it tends to prevent the heart structures from becoming involved, and it certainly appears to have an influence over the joint-affection. He wraps up all the joints, whether affected or not, in cotton wool, and also puts a thick layer

of this over the front of the chest. It is further advisable to cut the shirt in such a way as to make a kind of window over the region of the heart, by drawing aside which this region may be examined without disturbing the patient or exposing much of the chest. The diet ought not to be too low; beef tea and milk. Much drink is needed; the best is lemonade or barley-water. Ice is also agreeable to the patient. If there is a tendency to much debility and prostration, stimulants should be given, but they are not required as a rule. Mild aperients must be given. Opium is of great value; it is best given in the solid form in doses of one-fourth of a grain to a grain, every three or four hours, according to circumstances.

Dr. T. H. BUCKLER (*American Journal of the Medical Sciences*, vol. xi.) strongly recommends phosphate of ammonia—ten to twenty grains, four or five times a day—under the impression that it tends to eliminate uric acid from the system, by forming with it a soluble urate of ammonia, the phosphoric acid being neutralized by the soda, with which the uric acid may be combined in the blood.

Dr. PEACOCK (*St. Thomas's Hospital Reports*) gives the conclusions he arrived at from a careful study of eighty-seven cases. The treatment consisted (in acute cases) chiefly of the bicarbonate of potash, with or without some nitrate. In the subacute, iodide of potassium and small doses of colchicum were administered. When the pain was severe, opium or Dover's powder was given at bedtime, and mercurial purges when the tongue was foul. Heart complications were combated by blisters and poultices. Convalescence was aided by quinine and iron.

Rheumatism, Chronic.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 2 vols. 5th edit. London, 1871) recommends warm bathing, and especially baths of salt water, of a temperature of not less than 100°; warm douches, the vapour-bath or the hot-air bath. Friction with some stimulating liniment and what is called sham-

pooing. Stimulating internal medicines are often of use, *e.g.* turpentine, some of the animal oils, guaiacum, Dover's powder, and the iodide of potassium, which is most sure to act beneficially when the periosteum is principally affected.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) in the first place attends to the general health. There are several special remedies which give relief, the best being the iodide of potassium. If the secretions are very acid, liquor potassæ should be combined with it. When the symptoms are very chronic, the alkaline waters of Vichy do good; or if there is constipation, in addition to rheumatism, the antacid springs at Carlsbad may be advantageously visited. Hot water or hot air, or vapour baths—either plain or alkaline, or medicated with sulphur—are often very serviceable, especially when the pains are severe. During the intervals of the attack, the tepid salt-water sponge-bath should be employed every morning. Local applications to the painful parts, such as blisters, iodine paint, and stimulating liniments, often give temporary relief. In hæmorrhage, a large belladonna plaster, or the emplastrum ferri, applied over the whole loins, will be productive of great comfort.

Dr. FULLER (*Rheumatism, Rheumatic Gout, and Sciatica*, pp. 403, London, 1862) recommends in lumbago brisk purgatives at the commencement of the attack when the bowels are costive and the urine scanty, high coloured, or loaded; but when the urine is abundant and light-coloured, the bowels regular, and the dejections natural, the value of purgatives is not so apparent. Cupping on the loins is of essential service—dry cupping when it is not thought desirable to extract blood. Baths rendered alkaline by carbonate of soda or potash; hot fomentations formed by placing across the loins flannels wetted with an alkaline and opiate solution, and covered with a piece of gutta percha. In obstinate cases stimulating and opiate

embrocations. Subjoined are two very useful forms of liniment for these cases:—℞ olei cajeputi; tinct. opii, āā. ʒij; olei terebinthinæ, ʒiv; linimenti ammoniæ, ʒj m. ft. linimentum. . And— Liquoris ammoniæ, ʒj; tincturæ opii, ʒij; tincturæ cantharidis, ʒiij; linimentis aponis, ʒx; m. ft. linimentum.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd. edit. 1871) has found a liniment containing oil of turpentine, oil of sassafras, ammonia, and laudanum, diluted with soap liniment, of great use; or, where pain is considerable, chloroform or aconite liniment. Blisters in obstinate cases.

Dr. ROBERT ADAMS (*Treatise on Rheumatic Gout*, 2nd edit. pp. 568, London and Dublin, 1873) lays stress upon rest, upon the local application of iodine, or the iodide of potassium ointment, and the internal administration of guaiacum and sulphur. In the more advanced cases the hot-air baths and opiates, exercise, the waters of Bath, Harrogate, and Buxton, or those of Aix, Wiesbaden, Carlsbad, &c.

Dr. KEMP (*British Medical Journal*, May 18, 1872) states that several cases have lately come under his notice in which the internal administration of kerosene—a teaspoonful in water every other night—has had the most marked effect on chronic rheumatism.

Dr. HENRY LAWSON (*Sciatica, Lumbago, and Brachialgia: their Nature and Treatment*, London, 1872), for the cure of lumbago, recommends the hypodermic injection of morphia.

Dr. ALTHAUS (*British Medical Journal*, Aug. 24, 1872) is well satisfied with the constant current. Galvanism, he says, cannot cure rheumatic gout; it cannot prevent the patients from advancing in age, nor check altogether the process of involution and senile decay to which the system must in the end succumb; but it does good in the following ways. 1. It acts as a general tonic to the system, and

improves all the most important functions of the body. 2. It procures sleep, even in cases where opiates or chloral do not answer. 3. It relieves the pain. 4. If perseveringly applied, it reduces deformities. The author does not wish to imply that the use of internal remedies should be altogether eschewed in the treatment of this disease, as by thus acting we should only deprive ourselves of many chances to do good to our patients; but in the cases treated by him he had given the first place to the constant current, and given medicines internally only for removing complications. He lays stress upon the necessity of persevering with the galvanic treatment for a considerable time, in order to do permanent good.

Rickets.—Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) says fresh air, proper food, and attention to cleanliness, will alone do wonders. Milk and lime-water, with the addition of a small quantity of cream, should be given to the child. Asses' and goats' milk are also of great value. Older children will require beef-tea, bread, farinaceous and milk puddings, eggs, &c. Tepid salt-baths, followed by friction, are most useful. Mercury, bleeding, blisters, and antimony, are never to be thought of. Of medicines, cod-liver oil combined with lime-water, and the compound syrup of the phosphate of iron in drachm doses; if preferred, phosphate of lime in small doses may replace the lime-water. The syrup of the iodide of iron and the old reduced iron are the next best forms in which to give steel. Alkaline medicines with a bitter infusion are occasionally needed to correct dyspepsia, especially 'white stools' and acidity; and mineral acids, or tannin, as recommended by Dr. Alison, in doses of half a grain to a grain three times a day, in a little diluted citric acid, to check extreme perspirations.

Roseola.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends gentle laxatives, effervescent salines, light bitters with the mineral

acids, small doses of quinine with sulphuric acid, and mild chalybeates. Locally, it is better left alone; but if much irritation be present, the same remedies as stated in *Urticaria*. Where any fear of repercussion of the exanthem prevails, the benzoated ointment of oxide of zinc may be rubbed upon the skin with gentle friction. The diet should be of the antiphlogistic kind.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 104, London, 1869) prescribes a restricted and simple diet, gentle saline aperients, and a few warm baths. In chronic roseola dilute nitro-hydrochloric acid, change of air, and sea-bathing.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) administers to an adult five grains of blue and five of compound rhubarb pill at night, followed by a seidlitz powder in the morning, and to a child doses proportionate to its age; vegetable diet, a diuretic mixture, and a warm bath with a little borax in it to relieve the heat and itching of the skin.

Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London 1873) prescribes mild laxative salines, warm baths, light diet, and simple drinks. If the disease appear due to swollen gums and the irritation of teeth, the gum lancet should be freely used.

Scabies.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) says the treatment of scabies is purely local. Sulphur may be regarded as specific. Before it is employed, however, it is desirable to prepare the skin by a thorough ablution with soap, or with a warm solution of subcarbonate of potash, containing about half a pound of alkaline salt to a gallon of water. The simple sulphur-ointment of the B.P. is the best preparation. Two to four ounces should be well rubbed into the affected portions of the skin morning and evening for two days. It is desirable also that the patient should wear a woollen shirt, and retain the same during the whole treatment. On the morning of the third day the patient

should take a warm bath and wash the skin thoroughly with plenty of soap, when the cure will generally be found to be effected. The sulphuretted hydrogen lotion is a preferable mode of treatment in children and persons with a delicate skin.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) advises sulphur ointment, the smell of which may be disguised by the addition of a little bergamot, and the colour by intermixing a small quantity of vermilion. The whole surface of the patient's body should be washed perfectly clean, with plenty of soap, while he is in a common bath, and when quite dry the ointment should be well rubbed all over it, before a fire, for half an hour. Then a second thorough ablution with soap and warm water, and the destruction of the contaminated clothes by fire, will complete the purifying process.

Dr. M'CALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) says in a few cases in which the inflammation is caused by the scratching it may be advisable to allay it by applying the parasiticide. This may be effected by cold potato-starch poultices, or, if the inflammation is very diffuse, by the use of warm baths containing a couple of handfuls of potato-starch or wheat-bran, and enough of washing soda to render the water soft and pleasant. If sulphur is to be used, it should be rubbed into the whole of the body, but Dr. Anderson much prefers to any other an ointment of styrax: \mathcal{R} styracis liquidi ʒj, adipis ʒij; melt, and strain. It is a clean-looking ointment, it has a pleasant aroma, it kills the acari, and it does not irritate the skin in the least, but on the contrary rather soothes it.

Mr. BALMANNO SQUIRE (*Diseases of the Skin*, pp. 204, London, 1869), speaking of the extent of surface over which the sulphur ointment should be applied, says the balance of opinion is justly in favour of applying it to

every part of the skin that is liable to be affected by the eruption of scabies. Before applying the ointment, the rules laid down by Mr. Erasmus Wilson should be observed.

Dr. TILBURY FOX (*Lancet*, March 6, 1869), in treating scabies, says we should use the specific remedy in recent cases as freely as we like to the interdigits and wrists *only*, and apply *soothing remedies to the general surface*. In chronic itch the specific may be applied to all eruptions of a discute character.

Mr. JOHN TWEEDY (*Handbook of Medicine*, by F. T. Roberts, M.D., pp. 1043, London, 1873) recommends sulphur baths or sulphur inunctions, care being taken not to keep up the treatment too long, lest eczema be produced.

Scarlet Fever—Sir WILLIAM JENNER's experience tells him (*Lancet*, Jan. 8, 1870) that we have no remedy for the general disease. We can only act upon the broadest general principles of calming the patient when excited, of stimulating him to keep his heart beating when he is exceedingly weak, of cooling the surface when the heat is excessive. He should have pure fresh air to breathe. For the mild cases little treatment is required. A cool room, light clothes, unstimulating diet, a mild aperient, and a little chlorate of potash to allay the irritation or inflammation of the throat. A drachm of the salt to a pint of barley-water. Sir William speaks of the great importance of changing the clothes of the patient as well as the air of the room. The blankets of the bed should be changed frequently, as well as the body-linen and sheets.

Dr. GEORGE JOHNSON (*British Medical Journal*, Nov. 19, 1869) says the patient should be placed in a well ventilated room, which should be cleared of all needless carpets, curtains, and draperies, and articles of dress, which may form a nidus for the poison. Condry's fluid, carbolic acid, or chloride of lime, should be kept by the bedside for the

patient to spit into. The mouth and throat should be frequently gargled with diluted Condyl's fluid. In place of pocket-handkerchiefs bits of clean rag should be used to wipe the mouth and nose, which when once used should be burnt. The discharges from the bowels and kidneys are to be received on their very exit from the body into a vessel containing some disinfectant. All glasses, cups, &c. used by the patient are to be carefully cleansed before being used by others. All linen, immediately on its removal, should be immersed in boiling water, and subsequently in water containing carbolic acid. It is essential for the patient's welfare that the eruption should be encouraged, and not repressed. A warm bath once or twice a day, when the patient is not too ill to bear the fatigue, keeps the rash well out, favours the exit of the poison, and prevents renal complications. After the bath the whole of the body, including the scalp, may be anointed with camphorated olive-oil. When, in the early stage, the patient is too feeble to bear a bath, the rash may be prevented and the favourable progress of the disease assisted by a daily packing for an hour or more in a warm wet sheet covered by blankets.

Dr. RENFREW (*Lancet*, August 20, 1869) prescribes a mixture of chlorate of potash and tincture of steel, which contains chlorine muriatic acid, iron, and chlorate of potash. The chlorine destroys the poison, the acid supplies acid to the blood which is in a sub-acid condition, the iron improves the red-discs which are in a black and melanosed state, the chlorate of potash supplies oxygen to assist in oxidating the disintegrated material that is floating in the blood.

Dr. A. ROWAND (*Medical Times and Gazette*, Feb. 17, 1871) gives balsam of copaiba in four or five-drop doses, mixed in ʒij syrup, and ʒij mucilage of gum arabic, three or four times a day, with most satisfactory results. Under its use the tongue and sore throat get rapidly clean and

well, followed by a keen appetite, and by none of the usual sequelæ.

Dr. EDWARD COPEMAN (*St. George's Hospital Reports*, vol. v. 1870) believes that in mild cases, where no local complication of urgency appears, little more is required than free ablutions, free ventilation, a mild alterative aperient, and a little simple fever mixture, with sp. æth. nit., to keep the kidneys in action. For the relief of those severe cases in which there is a profuse ichorous discharge from the throat and nostrils, with disposition to sloughing ulcers in the pharynx, he has seen no local remedy so successful as a free application of a solution of nitrate of silver (from four to eight grains to an ounce) by means of a brush or syringe. The large and deep abscesses which so frequently occur should be fomented or poulticed, and allowed to break of themselves. In severer forms of scarlet fever there are few better medicines than small doses of hydrochloric acid in camphor mixture or decoction of bark. Opiates are objectionable on account of masking the head symptoms, but are sometimes required to overcome pain or restlessness; a little v. ant. tart. should be given with the opiate. Port wine, brandy, and animal broths are, in most cases, indispensable; when the stomach rejects these, small quantities of milk with lime-water, the latter in proportion of one-third. If counter-irritation be required on account of internal inflammation or congestion. Dr. Copeman prefers turpentine. For dropsical effusion, which he considers to be of an inflammatory character, blood-letting and other antiphlogistic remedies are recommended. In numerous patients who had been much debilitated by the fever, Dr. Copeman prescribed the liq. pot. iodid. co. of the London Pharmacopœia—five to ten drops for children, ten to twenty-five for adults, three times a day in water.

Dr. RUSSELL ALDRIDGE (*British Medical Journal*, August 12, 1871) draws the attention of the profession to

the use of iron in scarlatina. He has found if it be given as soon as the disease makes its appearance, that not only does it shorten and lessen the severity of the attack, but it also fortifies the patient against the after consequences—dropsy, &c. The form which he has mostly used has been the liquor of pernitrate of iron, in syrup or glycerine, in doses of ten minims every three hours for children of from one to six years, increasing, according to age, to fifteen, twenty five, or thirty minims. During convalescence he has given citrate of iron or syrup of phosphate of iron. This, with the exception of warm fomentations to the neck in cases of scarlatina anginosa, is all the treatment he has adopted.

Dr. CHARLES F. ROUTH (*British Medical Journal*, January 22, 1870), in referring to the nature of the *materies morbi*, says, whether a ferment or an oxyacid, it is completely destroyed by antiseptics and by agents which check fermentation, such as sulphuric acid, chlorine, and carbolic acid. In considering the tendencies to death which have to be counteracted, the author states that these are : first, shock, in virulent epidemics and at their beginnings requiring stimulants, &c. ; second, tardiness of the eruptive stage and death by the specific poisons, requiring hot-air, baths, stimulants, but especially an emetic at the outset ; thirdly, death by violence of the fever (here cold affusions to the skin, cold spongings with carbolic acid, rarely bleeding, and inunctions are indicated) ; fourthly, death from putrid sore throat kills in two ways—(a) by a poisonous atmosphere inspired ; (b) by poison absorbed through the subjacent tissue. Carbolic acid and chlorine or tannin, he believes, are preferable to caustics. Lastly, death is produced by early uræmic poisoning. The treatment of the fever generally should be either solvent, to dissolve excess of fibrine, as by ammonia or acetic acid, or antiseptic. Acetic acid may be regarded as an antiseptic, but Dr. Routh is in the habit of giving citrate

of ammonia in an effervescing state, with carbolic acid internally.

Mr. G. J. S. CAMDEN (*Medical Times and Gazette*, Feb. 1, 1873) gives with the greatest success carbonate of ammonia, on the very onslaught of the disease, in distilled or cold boiled rain-water filtered. He never gives emetics or aperients, nor bleeds, nor does anything to lower the vital powers. Should anasarca supervene, it will readily yield (with alternate doses of quinine as a tonic) to liberal doses of potass. bicarb. potass. nitrat., taken in a large quantity of water.

Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) confesses to a strong leaning in favour of ammonia treatment, and instead of salines begins from the first with a solution of the carbonate of ammonia; two or three grains for a child under seven years of age, and four or five grains for a child above this age, dissolved in from two to four drachms of water, and administered every one, two, three, or four hours, according to the degree of severity of the fever. For the burning heat of the skin Mr. Wilson prescribes sponging with a tepid solution of ammonia of moderate strength, but the remedy which is best is inunction with warm benzoated lard. For the angina of scarlatina, inunction with lard and a covering of cotton-wool are recommended. The remedies applicable to the fauces direct are gargles; the best adapted are sulphuric acid, the chloride of sodium, the hypochlorate of ammonia, the permanganate of potash, the chlorate of potash, and the chlorine solution developed by the combination of chlorate of potash and dilute nitric acid, one drachm of each to eight ounces of water, or by the mixture of chlorate of potash and strong hydrochloric acid. As a curative remedy, the most important of all is the nitrate of silver applied efficiently twice a day. Great comfort may be derived from the inhalation of the vapour of ammonia. (For retrocession of the exanthema,

see *Measles*.) Where the head is much affected, counter-irritation of the scalp, neck, feet, and lower limbs is recommended. When the presence of anasarca indicates congestion of the kidneys, counter-irritation of the skin and alimentary canal, the warm bath, and the use of diaphoretics and diuretics, are advised. When the anasarca results merely from anæmia, the citrate or tartrate of iron, with quinine, or the tincture of the hydrochlorate of iron should be given. In *scarlatina maligna*, the nourishment should be of the best kind; gastric irritation should be prevented by mild but efficient remedies. Bark in port wine should be administered, ammonia and the chlorate of potash drank, and the fauces, mouth, and nostrils should be syringed with a solution of chlorate of potash, and the vapour of vinegar or ammonia inhaled.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. London, 1873) recommends us to keep the sick chamber at an even temperature not exceeding 55° to 65°, not to allow the patient to be covered with heavy bed-clothes, to freshen the air of the room occasionally by opening the window, and to have the patient carefully washed daily. The best drink is pure cold water or lemonade; as nourishment, we may at first give water-soup, bread, stewed fruit, &c.; later, meat-broths, milk, &c. If there be constipation, an enema of tepid water, avoiding active purges except in case of necessity. The patient should be kept in bed till the stage of desquamation is over, and after desquamation is completed he should be protected from cold, and in winter should be kept in his room at least a fortnight, during which time he should take several baths in lukewarm water. In cases of *scarlatina maligna*, where there is no dangerous local disease, heat should be abstracted from the body by placing the patient in an empty tub and pouring cold water over him, or wrapping the naked body in wet sheets; this plan of

treatment should be adopted every time the temperature of the body becomes excessive and the symptoms of adynamia reappear. If there be any great objection to this treatment, large doses of quinine should be given; but Dr. Niemeyer cannot speak of its benefits from personal experience, as he can of those from the energetic abstraction of heat. In desperate cases, where the above plan fails, we may try to prevent the impending paralysis by powerful stimulants, such as carbonate of ammonia, camphor, musk, &c. In cases of scarlatina pharyngitis, pieces of ice taken into the mouth and allowed to melt there have a favourable palliative effect. As soon as the sloughs have been detached we may touch the ulcers in the throat daily with a solution of nitrate of silver (5j to ʒij water) applied by means of a probang; and for the coryza we may inject a weak solution of nitrate of silver (gr.v-x to ʒij water) into the nostrils. Croup complicating angina maligna indicates the administration of an emetic, and the application of a solution of nitrate of silver to the glottis. When the lymphatic glands show a tendency to suppurate, and the skin over them becomes red, we may apply cataplasms, and as soon as there is fluctuation evacuate the pus. For simple cases of dropsy without albuminuria a mild diaphoretic treatment suffices, according to Dr. Niemeyer's experience.

DRS. CLEAVER, KEMPSTER, and A. M. CARPENTER (*Physician and Pharmaceutist*, Nov. 1868) use carbolic acid with glycerine and water, as a local remedy for the sore throat of scarlatina. As a gargle, one or two grains in an ounce of water.

Scrivener's Palsy.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) has seen good results from the syrup of the phosphate of iron, quinine, and strychnia. Nourishing food, with a milk diet in abundance, or cod-liver oil, are essential.

Dr. G. V. POORE (*Practitioner*, Sept. 1872) publishes a case which proved amenable to treatment, after a duration of nine years, by the joint use of the continuous galvanic current, and the rhythmical exercise of the affected muscles. One of Weiss' continuous current batteries was employed, and twenty-three cells were used to begin with. The sponges, being well wetted with salt-water, were first placed on either side of the belly of the deltoid muscle (which at the time was the seat of almost continuous spasm). The spasm immediately subsided, and the man was made to exercise his deltoid, while Dr. Poore counted 'one, two,' 'one, two,' like a drill-sergeant, every time he elevated or depressed his arm, the patient keeping time to the counting. Other muscles were exercised in the same way. The good effects of this plan of treatment were soon manifested.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends complete rest to the affected hand. Mountain or sea air, nourishing food, plenty of milk, cod-liver oil. Where drugs are demanded, the hypophosphite of soda, with bark or steel, will do no harm. Neither will quinine, or phosphate of zinc, or phosphate of iron. They may prove useless, but they cannot cause mischief, as is certain to ensue from strychnia, arsenic, mercury, iodine, nitrate of silver, electricity, cold douches to the head and neck, Turkish baths, &c.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) says the treatment of Scrivener's spasm is, as a rule, unsuccessful. In one case, when, without hoping for success, he applied the constant galvanic current, he succeeded in curing the disease. He applied the current to the muscle of the thumb and index finger, and hence to the sensory muscular nerves running into them.

Scrofula.—Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) says, if struma exists in either of

the parents, the mother must exercise unusual care during utero-gestation ; she should live by rule, wear warm clothing, avoid excitement, and take regular exercise. For the child a wet nurse should be procured from the first ; when weaned, extra care must be used ; all improper diet must be rigorously excluded. Cow's milk with mutton suet, weak veal tea and other light broths, potatoes mashed with milk, should be given to the child ; he should be warmly clad ; a bath with Tidman's sea-salt will be useful, but the child should, after bathing, be well rubbed with a Turkish towel. Of medicines, iodide of potassium, the syrup of the phosphate of iron, the syrup of the iodide of iron, cod-liver oil and lime-water, in equal parts, are all useful. Mercury is badly borne. For strumous enlargements iodine paint should be applied. Lastly, the mineral waters of Heilbronner, Kreuznach, and in England of Woodhall Spa, are often serviceable.

Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 922, London, 1867) is of opinion that the diet should consist of one-half or two-thirds animal food. The medicines especially applicable to strumous affections are cod-liver oil, iodine, iron and nitric acid ; and these may be combined with cinchona or quinine. The superphosphate of iron is especially valuable in children, and the syrup of the iodide of iron in both children and adults. The iodide of ammonium has been used both internally and externally with good results. For internal exhibition the dose is two or three grains twice or three times a day, in the compound fluid extract of sarsaparilla, or syrup of orange-peel. In children there is advantage in mingling a few grains of phosphate of lime with each meal.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871) thinks sea-bathing and sea-air the best of remedies. Good diet is indispensable. In chronic enlargements, with or without cheesy softening, of the lymphatic glands, iodine has general

confidence. Iodide of ammonium (dose, three grains) is now coming under trial. Iodized milk is said to be very available; one part of iodine dissolved in ten parts of alcohol, and mixed with ninety parts of fresh warm cow's milk. The local treatment is to a great extent surgical. Slow softening glands may sometimes be cut out. Scrofulous periostitis—threatening cases—Dr. Hartshorne has seen arrested by free application of cerate of carbonate of lead over the affected bone.

Mr. FURNEAUX JORDAN (*Medical Times and Gazette*, Aug. 20, 1870) asserts that counter-irritation by iodine, applied a short distance from the enlarged glands, has, in his hands, never failed to be followed by their reduction.

Scurvy.—All medical men are agreed that medicine is almost valueless. Fresh vegetables alone will restore what is wanting, though chemistry has not detected the nature of the need. The tincture of the sesquichloride of iron may be given in small doses. For the gums a wash of solution of tannic acid or tincture of myrrh in diluted glycerine will be useful; or alum and brandy-and-water. Salt and whiskey rubbing to the skin will aid in dissipating the patechiæ.

Sea-Sickness.—Dr. FORDYCE BARKER (*New York Medical Record*, Sept. 18, 1869) is of opinion that effervescing laxatives in the morning are bad in this affection; and he has found Chapman's ice-bags not only useless but harmful, from causing nervous depression. He (Dr. Barker) believes there are no specifics for sea-sickness. He advises a well-ventilated state room on the sunny side of the steamer, as central as possible, but away from the furnaces. Above all, preparations should be made so as to secure a full day's rest before starting. Eat as hearty a meal as possible two or three hours before going on board. Be early enough aboard to arrange everything that may be required for a day or two; *go to bed before the vessel gets*

under weigh, and stay there until you feel that the danger of sickness is past ; eat regularly and heartily, but *without raising the head*. On the first night take two or three compound rhubarb pills, to obviate the constipation to which most persons are liable at sea.

Dr. JOHN CHAPMAN holds that the *proximate* cause of sea-sickness consists in an undue amount of blood in the nervous centres along the back, and especially in those segments of the spinal cord related to the stomach, and the muscles concerned in vomiting. The inevitable conclusion, he says, from all the facts and arguments of his exposition of the pathology of this complaint, is that the only scientific and really effective remedy must be one which has the power of lessening the amount of blood in the whole of the nervous centres along the back. This can be effectually done by lowering the temperature of the spinal organ by the application of ice.

Dr. DWINELLE (*New York Medical Journal*, Jan. 1869) publishes an account of a method of treating sea-sickness which he saw employed by Dr. Le Coniat, of the French navy, with remarkably successful results. The skin over the stomach is moistened with a solution of sulphate of atropia, in the proportion of a grain to an ounce of water. A flat disc, forming a negative pole of an ordinary volta-electric apparatus, is applied over the pyloric end of the stomach. A sponge attached to the positive pole is passed, for three or four minutes, from the cardiac towards the pyloric end, varied by being occasionally passed downwards. The application is not painful, and is generally followed by refreshing sleep.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, pp. 487, Philadelphia, 1871) has found iced effervescent (carbonic acid) water give more relief than anything else.

Small-Pox.—Sir THOMAS WATSON (*Principles and*

Practice of Physic, 5th edit. 2 vols. 1871) recommends saline purgatives to produce two or three loose stools every day, free ventilation of the surface of the body, tepid sponging. About the eighth or ninth day, wakefulness and restlessness, and sometimes tremors, are apt to come on. Opiates should then be given in full doses at bed-time. If the maturation of the pustules should proceed tardily, strong broths and wine may be of use; but the effects of these must be carefully watched. When the pustules are livid and intermixed with patechiæ, and typhoid symptoms occur, the disorder generally proves fatal. In such cases it is customary to prescribe bark and acids, in addition to the wine and opiates. To relieve the intolerable itching, cold cream or a solution of common salt, applied lukewarm, or a liniment composed of equal parts of olive-oil and lime-water, smeared over the itching surface with a soft camel-hair pencil. Nothing can be done for the dyspnœa beyond blistering the throat and chest.

Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) strongly advocates the carbonate of ammonia treatment (see *Scarlet Fever and Measles*). The best means of relieving the heat and dryness and irritation of the skin, is by anointing the surface plentifully with the benzoated ointment of oxide of zinc. Great benefit is derived from opening the matured pustules, gently pressing from them their contents, and removing the latter by means of a sponge, moistened with plain water, or with an infusion of poppies.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) prescribes for the delirium of the disease a draught, composed of thirty minims of the solution of the muriate of morphia, with half-a-grain of tartar emetic, given at bed-time.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. London, 1873) states that the treatment of small-pox can only be symptomatic, as we know of no remedy for cut-

ting short the disease, and averting dangerous accidents. In the prodromal stage the patient should be kept moderately cool, the temperature of the room about 60°, the bed-clothes not too heavy; he should have cold water or lemonade to drink, absolute diet, and, where there is constipation, enemata of three parts of water to one of vinegar. Even in severe congestion of the head, with a full pulse, we should avoid bleeding, and limit ourselves to the application of cold to the head and repeated ablutions of the body in cold water. The administration of camphor and other remedies, for causing derivation to the skin, and hastening the eruption, is very objectionable. The development of a severe eruption in the conjunctiva may be prevented by the assiduous employment of cold-water compresses, or by compresses moistened with a weak solution of corrosive sublimate (gr.i to water $\bar{3}$ vj). Cold and the mercurials are also much used for the prevention of deep destruction of the skin and disfiguring cicatrices. During the eruptive stage, if the temperature rise very high, we should give large doses of quinine. In the stage of desiccation, we should let the patient have an easily digestible but nutritious diet, and a little wine. The patient should be warned against scratching off the crusts. If the crusts be firmly adherent, we should employ cataplasms. If dangerous dyspnœa, and other symptoms of croupous laryngitis occur, we may give an emetic of sulphate of copper, and attempt to supply a solution of nitrate of silver through the entrance of the glottis, by means of a probang. In œdema glottidis, if we cannot relieve the patient by scarification, we should perform laryngotomy.

Dr. ALONZO LEACH (*Philadelphia Medical Times*) says for the delirium of the disease the bromide of calcium is of signal benefit. For the prevention of 'pitting' Dr. Leach calls attention to the carbonate of lead, the ordinary white lead of the paint shops. His mode of using it is to add to the paint a sufficient quantity of linseed-oil, to make

it of the consistence of rich cream, and then, by means of a camel-hair pencil, apply it to the face, at once excluding all possible access of air or light. It is soothing to the parts, allaying irritation and quieting inflammation.

Dr. WILLIAM STOKES (*Dublin Journal of Medical Sciences*, Jan. 1, 1871) lays great stress upon the use of the warm bath. He describes a case in which the effect was 'instantaneous and marvellous.' The patient was kept seven hours in the bath, during which time brandy was freely administered.

Dr. A. W. FOOT (*Medical Times and Gazette*, April 6, 1871), gives carbolic acid internally in the shape of the sulpho-carbolate of sodium, or the sulpho-carbolate of iron; and the sulphurous acid of the B. P., diluted with water, as the usual drink, using gargles of sulphurous acid, spraying the larynx with it, washing the nares and upper surface of the soft palate with solutions of sulphurous or of carbolic acid, keeping carbolic oil to the face, washing the body with solutions of sulphurous acid or vinegar and water, throwing pure sulphurous acid about the bed and bed-clothes of the patient, and burning sulphur in the room, so that the sick might breathe, for some portion at least of the day, an atmosphere charged with some sulphurous acid gas in it.

Dr. ROWAND (*Medical Times and Gazette*, Feb. 17, 1871) was induced, from the effects of balsam of copaiba on the skin and mucous membrane, to try it in four or five-drop doses, mixed in ʒij syrup, and ʒij mucilage of gum arabic, three or four times a day, in the confluent small-pox of a person who had never been vaccinated. It caused no nausea, but on the contrary, created a keen appetite, which continued till recovery. No pitting took place, and no local application was used but glycerine and water.

Mr. JOHN AIKMAN (*Glasgow Medical Journal*, Aug. 1871) states that in the hæmorrhagic form of small-pox he has observed the most beneficial results from the ad-

ministration of two tablespoonfuls of the following mixture every three hours:—Liq. strychniæ, tinct. ferri muriat. āā ʒj, inf. quassiæ, ad ʒviij ; m.

Dr. R. H. BAKEWELL (*The Pathology and Treatment of Small Pox*, pp. 49, London, 1872), in cases of simple discrete, or of mild semi-confluent small-pox, leaves the patient to nature. In severe cases, in the stage of primary fever, he applies leeches to the temples, giving diaphoretics, packing in the wet sheet two or three times a day. The pain and fever caused by the eruption may be relieved by warm-water fomentations. Poultices to the face and other parts are of great service. As soon as the varioles become prominent, they should be pricked with a needle and bathed. To prevent pitting, the face should be kept constantly poulticed—charcoal is the best. The soles of the feet and the palms of the hands should be carefully looked to. During the primary fever the diet should consist of slops. The bowels should be kept open, opiates administered—sleep being of the utmost importance to the patients. About the fourth or fifth day of the eruption, bark, combined with opium, should be given, and a more nourishing diet, with egg-flip, and a little wine or brandy.

Dr. DANIEL LEASURE (*American Journal of the Medical Sciences*, Jan. 1873) recommends good ventilation, personal cleanliness, attention to the condition of the upper air-passages, keeping them clear by frequent applications of the nasal pump charged with a solution of chloride of sodium and carbolic acid; hyposulphite of soda liberally administered during the vesicular stage; with glycerine, iron, chlorate of potassa and quinia, during the purulent stage; valerian, carbonate of ammonia, and whiskey in prostration; hydrate of chloral in the delirium; and all through every stage of the disease a liberal supply of fluid food, in the form of milk, beef-tea, and raw eggs, and an entire absence of all purgative medicines. Dr. Leasure calls attention to the entire absence of secondary

fever, in six uncomplicated cases treated by the hyposulphite of soda during the vesicular stage.

Dr. HURMAN (*British Medical Journal*, March 9, 1872) has used xylol with the most satisfactory results. He does not, however, agree with giving it in capsules as recommended, simply on account of the great difficulty usually experienced by patients in swallowing during the severe stages of the disease; nor is it mixable with water alone, as stated. He has given it in doses of twenty minims to adults every three or four hours, either in milk or mixture of almonds, the latter being preferable.

Dr. STOKES (*Dublin Journal of Medical Science*, Jan. 1872) has found, with but one exception, that pitting was effectually prevented by the application of light poultices over the entire face, or of a mask of lint steeped in glycerine and water, and covered with a corresponding mask of oiled silk.

Spermatorrhœa.—Mr. ACTON (*On the Reproductive Organs*, 2nd edit., London, 1868) employs a solution of nitrate of silver, ten grains to the ounce of water, which he injects into the urethra by means of an instrument like a short catheter. Before using the caustic the patient should empty the bladder. The pain of the application is considerable. After the operation Mr. Acton advises a copaiba capsule every eight hours for two or three days; also, that the patient drink as little water as possible, and avoid passing urine as long as he can.

Dr. MALLEZ (*Le Mouvement Médical*, June 14, 1873) regards the alkaline bromides as occupying the first position in point of importance in the treatment of this affection, since they have a double action both upon the spinal irritation and on the local sensibility. The preparation he prefers is the desiccated bromide of potassium, an ounce; tolu water, ten ounces; of this, four dessert-spoonfuls, containing about a drachm of the salt, can be taken per diem.

The administration of the bromide should precede any local treatment, and may be continued from eight days to two months without harm. After the lapse of ten or twelve days, continuous currents should be applied, though there is some difference of opinion in regard to the manner in which they should be applied. M. Mallez himself prefers to make use of descending currents, passing down the whole length of the spinal cord, from the occipital to the lumbar region; the source of the electricity being from eight to ten elements of a Gaiffe's pile, with chloride of silver. After using this for eight or ten days, the direction of the current may with advantage be reversed. The application of cold-water douches to the belly should not be indiscriminately recommended, as they occasionally seem to excite rather than to repress the discharges. In order to subdue inflammation of the prostatic portion of the urethra, and to diminish its sensitiveness, the best means are, in the first place, the introduction of bougies, as in the preparatory treatment of lithotrity, but with this difference, that a longer interval must be allowed to elapse between each operation, lest the reverse result to that hoped for be obtained. The ointments containing belladonna, or morphia, or iodine, are utterly valueless. Dr. Mallez has, however, observed benefit result from the injection of carbonic acid. The mode in which this is effected is by the use of two flasks, one containing hydrochloric acid and the other fragments of marble, united by a piece of indiarubber tubing; a second piece of tubing, having an elastic ball in which the carbonic acid is closed up, is connected with a catheter, a stop-cock regulates the supply, and the part to which the stream of gas is applied is determined by the depth to which the catheter is introduced into the urethra. M. Mallez has a high opinion of suppositories, and recommends one composed of hydrochlorate of morphia, 8; powder of datura stramonium, 8; and cocoa butter, 40 grains. He also finds suppositories

made of gum, glycerine, gelatine, and some active agent, as extract of opium, extract of belladonna, or hydro-chlorate of morphia, a very useful means of allaying the excitability of the parts. Suppositories with iodoform may also be prescribed. Laxatives and emollients are indicated, since constipation provokes involuntary discharges. Purgatives should be given when the accumulation of fæcal matters has lasted more than a day or two; antispasmodics—as musk, castoreum, assafoetida, eucalyptus, bromide of ammonium—may also be prescribed; and lastly, anthelmintics, when there is any suspicion of the presence of worms.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) pays particular attention to the constitution of the patient, and seeks to rectify anything that is out of order. This may be the reason why ferruginous preparations and the natural chalybeate baths are so popular for pollutions, and why some patients are improved or cured by sea-bathing, others by the cold-water treatment. Cold sitz-baths, and washing the genitals with cold water, should not be used in the evening, as they absolutely favour the occurrence of pollutions. Heavy suppers and drinking freely of tea, &c., just before bedtime, should be forbidden. It is improper to prescribe camphor, lupulin, and similar medicines. Greatly as cauterization of the caput galinaginis, by means of Lallemand's porte-caustic, was esteemed for a time, it has since gone out of fashion; however, where the emissions of semen are abundant, and the constitution of the patient undermined, and where we may regard relaxation or dilatation of the ducts of the vesiculæ seminales, or chronic inflammation in the back part of the urethra, as the probable cause of spermatorrhœa, we may cauterize the caput galinaginis.

Splenitis.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends

the bromide and iodide of potassium combined with camphor mixture, and the external application of the biniodide of mercury in the form of an ointment.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) gives palliatives for the most urgent symptoms. Where the pain is severe he orders local abstraction of blood and cataplasms; for the sympathetic vomiting carbonates and bicarbonates of the alkalies; or, if it be very obstinate, narcotics. Fluctuating abscesses should be opened early.

Stomach, Carcimina of the.—The treatment has reference only to the prolongation of life, and the palliation of symptoms.

Stomach, Dilatation of the.—Regulation of the ingesta as regards quantity, and tonic remedies, constitute the appropriate treatment. In *acute dilatation* the stomach-pump should be used, and the contents, as far as possible evacuated, when there is reason to believe life may be saved.

Stomach, Fermentation of the.—Dr. SAMUEL FENWICK (*Morbid States of the Stomach and Duodenum*) generally prescribes creosote in doses of one drop, combined with magnesia; but if there be much subacute inflammation of the mucous membrane, the hyposulphite of soda will be found more useful. Tea, coffee, milk, arrowroot, rice, and similar fluids, should be forbidden; and iced-water, soda-water, seltzer-water, and beef-tea, should be substituted. For some time after the attack has subsided, vegetable tonics, in combination with acids or alkalies, are required.

Sir WILLIAM JENNER (*Medical Times and Gazette*, Aug. 1851) controls fermentation of the food associated with the vomiting of sarcinæ by the alkaline sulphate and hyposulphites.

Dr. WILSON FOX (*Diseases of the Stomach*, pp. 236, London, 1872) recommends the alkaline sulphates and

hyposulphites, and carminatives, such as cajeput, aniseed, or camomile.

Stomach, Ulcer of the.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says such cases are to be treated by rest to the stomach, and by dietetic rather than by medicinal means. The patient should be kept for eight or nine days, or even longer, on nutrient enemata alone. The substances most useful for enemata are milk, strong unsalted beef-tea, raw eggs beaten up in milk, occasionally a little brandy, and generally in two enemata daily, ten or twenty minims of tincture of opium. Next to dieting, blood-letting by two or three leeches applied to the region of the stomach about twice a week affords great benefit. When hæmorrhage occurs, Dr. Budd recommends that small bits of ice be swallowed, that rest be maintained in the horizontal posture, and that astringent medicines be administered, such as oil of turpentine, acetate of lead and opium, alum and tannic acid. When hæmorrhage is copious, a mixture containing ten minims of diluted sulphuric acid, and five grains of gallic acid in water every two or three hours, is the best remedy. Vomiting may be relieved by dilute hydrocyanic acid. The subnitrate of bismuth, ten to twenty grains, with five to ten grains of compound kino powder, relieves pain, vomiting, and diarrhœa.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) supports the system and facilitates the cicatrization of the ulcer. When the pain is very severe, hot fomentations, sinapisms, and turpentine stupes applied over the epigastrium, give relief; in obstinate vomiting, or in hæmorrhage, the application of ice is more advisable. Opium may often be administered with very great advantage. Bismuth is also a good sedative, and may be given in ten-grain doses thrice daily, mixed with five or ten grains of compound kino powder; when there is much flatulent nausea, iodide of potassium, with

calumba may be given. Hydrocyanic acid to check sickness. Great attention must be paid to the nature and quantity of food taken. Farinaceous substances at first; should they be rejected the stomach should be allowed a complete rest, nourishment and medicine being administered by enemata.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. London, 1873) has seen arsenic give relief in chronic ulcer after failure of the commonly used remedies.

Dr. ZIEMSEN (*Wiener Medizinische Presse*, No. XL., 1871), in opposition to the usual plan of treating simple ulcer of the stomach by astringents, recommends attention to, and the removal of all circumstances which may interfere with, the healing process. With this object in view, he considers the first and most important indication to be the neutralization of the stomach, and for this purpose he finds the sulphate of soda to be the most appropriate. He also observes that common salt will limit acid fermentation, but that its effects are not sufficiently powerful, and that it acts too powerfully on the evacuations. He regards Carlsbad salts as superior to the waters themselves, as being cheaper, and at the same time containing more Glauber's salt, and when taken in hot water occasions more frequent evacuations. He prescribes from two to four drachms dissolved in a pint of water, and taken fasting in the morning in four doses, with an interval of ten minutes between each, at a temperature of 131° Fahr. All sorts of fruit, leguminous vegetables, cabbage, and blackbread, are not recommended, on account of the mechanical irritation they excite. Chemical compounds that are likely to prove injurious are acid, fat, sugars, and saccharine biscuits or fluids, beer and chocolate. On the other hand, the roast or boiled flesh of fowls, or of veal, eaten cold and without sauce, smoked ham, white bread, milk and light French wine, are very well adapted for consumption. These kinds of food undergo fermentation

with difficulty; in fact, actually prevent fermentation; whilst others, as the milk, pass rapidly through the stomach and have an alkaline re-action. Invalids who are unable to take milk, he treats in the following manner:—In the morning, whilst fasting, the Carlsbad salts as already stated, though if they occasion more than one or two evacuations daily, the quantity must be reduced. Half an hour after the last dose he gives a cup of milk or of *café au lait* with white bread. About half-past ten a second breakfast, with cold boiled veal or fowl, with white bread and a glass of French red wine. At one o'clock, meat and milk, or meat-broth, boiled or roast veal, a fowl without sauce, white bread, and a tablespoonful of potatoes mashed with milk; a glass of red wine. At four p.m., some milk, cold roast meat, with white bread. Between eight and nine a flask of a compound he terms *Natronsauerlings*. At nine the invalid retires to rest, and he is directed to avoid much exertion, mental or bodily. The region of the stomach is to be protected from cold by flannel; the activity of the skin from time to time promoted by lukewarm baths, which are more refreshing if they contain carbonic acid gas. Morphia may be used to relieve the gastric pain, either injected subcutaneously or in doses of $\frac{1}{12}$ th of a grain for a dose, though it should not be continued too long. If hæmorrhage occur, which is, however, rare if the above means are steadily pursued, light ice-bags should be placed upon the epigastrium, complete rest of the body enjoined, and all food and drink interdicted. On the second and third day, alum-whey, cooled with ice, may be taken in small quantities at a time. All purgatives should be avoided, and instead of them the bowels should be moved with luke-warm clysters. On the fourth day after the bleeding the use of milk and broth may be carefully resumed, with a little iced champagne. If perforation have occurred, ice is, as is well known, the sovereign remedy to relieve the sufferings of the patient.

As regards the consequences of gastric ulcer, especially of stricture of the orifices, the indications are, return of the gastric catarrh, retention of the contents of the stomach with acid fermentation, vomiting after meals, constipation, sinking of the hypogastrium, dilatation of the stomach, which is capable of physical proof, &c. These symptoms require the due application of sounds and of the stomach pump. The so-called system of dry diet may be adopted with advantage for the obstinate constipation so commonly remaining even for years, as the consequence of gastric ulcers. M. Ziemssen recommends the use of rhubarb before going to bed, to which, if any pain follows its employment, or if great atony exists, he adds a tenth of a grain of extract of belladonna, or of the extract of nuxvomica.

Dr. FARRAR (*Lancet*, Oct. 21, 1871) records a case of non-malignant ulcer of the stomach, which he treated by restricting the patient to milk and beef-tea at the temperature of new milk, mustard-poultices at the seat of pain, and perfect rest. This treatment continued for a week, gave great relief to the burning and throbbing pain in the stomach, but not to the disagreeable rise of foetid matter. Dr. Farrar now prescribed half-teaspoonful doses of animal charcoal three times a day, to be taken, if possible, mixed with a little cold water, just enough to form it into a bolus, and to be taken half-an-hour or more before food. On the second night after beginning the charcoal he expressed himself so greatly relieved that Dr. Farrar at once doubled the dose of the charcoal with the most satisfactory results. The foetid risings altogether ceased, and with the disappearance of this symptom the pain and heat in the stomach began to diminish, the tongue became moist and clean, and the thirst subsided; in short he rapidly improved in every particular, from a few days after the time the charcoal treatment was adopted.

Dr. WILSON FOX (*Diseases of the Stomach*, pp. 236, London, 1872) restricts the patient to milk in small quantities, mixed with well boiled arrowroot or biscuit powder. When milk disagrees, animal broths must be given. If pain be severe, or vomiting urgent, Dr. Fox administers food entirely by enemata, with which brandy and opium may be combined. As the patient improves more latitude may be permitted, but indigestible food of all kinds must be strictly forbidden. Hot liquids, and especially tea and coffee, should be almost permanently excluded. Malt liquors generally aggravate the pain, but in the case of elderly people they sometimes agree. When stimulants appear to be required, dry sherry, or pale brandy largely diluted, is the best that can be taken. With regard to therapeutic measures, bismuth, combined with kino and opium, may be advantageously employed. Next to bismuth stands nitrate of silver, which will sometimes relieve pain after the former drug has failed. Alkalies should be restricted to those cases where, together with flatulency, there is evidence of acidity, resulting from fermentation in the food. When the severer symptoms have subsided, if there be evidence of anæmia, the ferrum reductum, the ferri ammon. cit., or potass. tart., the carbonate of iron, or the mist. ferri co., should be resorted to. Rest, warm fomentations and cataplasms, also afford relief, and sometimes a few leeches over the seat of pain. Pain is also relieved by the warm bath. Flatulent distension requires warm liquids, or the aromatic spirit of ammonia. For the nausea and vomiting, ice, effervescing drinks containing hydrocyanic acid, or opium. When perforation is threatening or has occurred, the most absolute repose to the patient, and also for the stomach, is of primary importance. When the event has taken place, no agent appears to have any curative influence but opium continued for many days. Nutrition must be also conducted entirely

by enemata. If life should be prolonged, a long resisted diet must be insisted upon.

Dr. AUSTIN FLINT (*Practice of Medicine*, 2nd edit. pp. 967, Philadelphia, 1867) advises :—First, and most important, securing for the stomach as much rest as is compatible with a proper amount of nutrition ; second, the arrest of hæmorrhage and the palliation of suffering ; and third, the employment of remedies to promote cicatrization, of which opium is the most effective remedy. Cicatrization is also promoted indirectly by tonic remedies, if these be borne. Local blood-letting is injurious by lowering the vital powers. Mercurialization is objectionable on the same ground. Cathartics are hurtful on account of their direct action. Constipation, if it exist, is to be relieved by enemata.

Dr. FENWICK (*The Stomach and Duodenum*, pp. 329, London, 1868) says there are few diseases that, in their treatment, require so much perseverance and self-denial on the part of the patient as gastric ulcer. Whenever the pain is very severe and is attended by frequent vomiting, we may be sure that inflammation is going on, and the case must be treated as one of subacute gastritis. Perfect rest should be enjoined. A few leeches to the epigastrium is sometimes required ; but, generally, the use of poultices, turpentine fomentationns, or dry cupping, is alone necessary. The main point in the treatment is the regulation of the diet. Usually, small quantities of farinaceous food may be given at frequent intervals. Arrow-root, milk, and gruel, agree best. The frequent use of ice often relieves the pain, and obviates the necessity of larger quantities of liquids. Sometimes, as when dangerous hæmatemesis has previously followed a severe attack of pain, the patient ought to be supported by an enemata. For the more acute stages of the complaint, morphia and hydrocyanic acid, combined with small doses of nitrate of potass—or, if there be much acidity, with magnesia or soda—are the best medi-

cines. As the pain lessens and the vomiting becomes more rare, the patient may be allowed to take a little exercise. Rather more liberal quantities of food may be given, but of a liquid nature. Blisters to the epigastrium generally alleviate the sufferings, and the raw surface may be dressed with morphia. When the pain is moderate, bismuth with magnesia and morphia, and lime-water with milk; are beneficial. As the case improves, tonics may be given. If the urine deposits phosphates, the mineral acids, with calumba, may be prescribed. Later, iron—the citrate or the reduced, and afterwards the sulphate—may be given. Dr. Fenwick has often prescribed the nitrate or oxide of zinc, and the salts of copper or zinc, with very good results. During convalescence a little brandy or pale sherry may be given. In very obstinate cases residence abroad sometimes affords relief.

Sun-Stroke.—Prof. MACLEAN (*Reynolds' System of Medicine*, vol. ii.) is satisfied that the modern plan of management by the cold douche, the stimulation of the bare scalp with cantharides, and the internal administration of quinine (Warburg's tincture), saves many lives which formerly fell victims to the lancet.

Dr. FRANCIS E. ANSTIE (*Lancet*, Oct. 26, 1872) says, in the first place, we must remove the patient instantly to a cool place and strip him. In the cardiac variety, with syncopal tendencies, our first care is to rouse the action of the heart and the respiratory muscles; accordingly we place the patient in an empty tub or hip-bath, and pour canfuls of the coldest water we can get over his neck and shoulders and chest, place ammonia to his nostrils, and (if he can swallow) pour small quantities of half-and-half brandy and water down his throat. Once the immediate danger from syncope is over, our next care is to carry out a rapid reduction of the temperature of the blood, and for this purpose we either repeat the cold douche at short intervals or 'pack' the patient in a sheet

dipped and frequently re-dipped in water with lumps of ice in it, or put him in a bath of water of 90°, which we then cool down to about 60° in the course of twenty minutes or half an hour. The duration and frequency of repetition of either of these means must be regulated by the use of the thermometer, the point being to keep the bodily temperature at least as low as 102°, but never to reduce it below 97°. The 'douche' must not be persisted with when it produces a clammy state of the skin, with sighing respiration. In such cases ice-water injected into the rectum may be tried, or we may try to get the skin to act by medicines such as Warburg's tincture, or aconite, given one drop every five minutes at first, and afterwards at intervals of ten minutes, twenty minutes, an hour, &c. The patient must be supported from the first with frequent food and small doses of brandy (two drachms every hour).

Dr. HANDFIELD JONES (*Lancet*, Oct. 24, 1868) recommends that every effort should be made to restore nervous power, and to promote the action of the heart, the former being accomplished by exposure to cold, the latter by minute doses of digitalis, strychnia, and stimulants. But he is of opinion that no routine practice could be adopted, every case presenting peculiar features requiring a distinct application of the remedies suggested.

Dr. GEORGE JOHNSON (*British Medical Journal*, Aug. 1, 1868) agrees that as *hot air* and *hot blood* are the cause of this affection, so *cold air* and *cold water* are the chief means of cure; all other measures are subsidiary to them.

Sweating, Profuse.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) treats this disease (idrosis) with nutritious and generous diet and tonic remedies, particularly sulphuric acid with quinine, or the citrate of iron and quinine. In chronic cases he prescribes the ferro-arsenical mixture. Locally, the skin should be washed with the juniper tar-soap and sponged

from time to time with a lotion containing one part of liquor ammoniæ to three of water. In idrosis of the hands and feet an ointment of equal parts of unguent. picis liquidæ, and unguent. sulphuris is of much service with constant ablutions with the carbolic acid and juniper tar-soap. A liquid paste of precipitated chalk, a strong solution of sulphate of alumina and chloride of sodium, tannic acid, acetate of alumina, sulphur baths, have all been found useful in some instances.

M. VIGUARD (*Journal de Méd. de Nantes*) has successfully employed decoction of sage for the relief of profuse sweating:—Take of sage-leaves a large teaspoonful, of water six fluid ounces. Boil the sage for a minute or two in water, let it stand to cool, then filter, and sweeten to taste.

Dr. RINGER (*Handbook of Therapeutics*, 3rd edit. pp. 536, London, 1873) recommends the application of belladonna liniment.

Sycosis.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 961, London, 1867) removes the hair by avulsion, and afterwards applies bichloride of mercury in lotion or in solution in glycerole, the unguent. hydrag. nit. or the ungt. hydrag. sulph. of the strength of one or two scruples to the ounce. The eruption must be washed thoroughly with the carbolic acid soap and fomented with warm water, which will diminish the pain of pulling out the hairs, and facilitate its accomplishment. After the operation a smear of acetate of lead ointment (gr.v ad ʒj) adds very much to the comfort of the skin. Attention must, at the same time, be paid to the secretive and digestive organs.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) recommends the following procedure:—In the first place all the scabs are to be softened and removed by rubbing them with oil, or by the application to them of a rag saturated with oil. We

must then insist upon the patient's shaving daily, in spite both of his opposition and his barber's. The pustules which appear after the shaving are all to be opened with a delicate scalpel, and where they are confluent long incisions must be made through the clusters. In extraordinarily obstinate cases the opened pustules must be touched with concentrated acetic acid, or with a solution of corrosive sublimate consisting of one part of the sublimate to two of alcohol. During the night it is generally sufficient to cover the affected part with a rag thickly smeared with white precipitate ointment or with a paste made of equal parts of sulphur, glycerine, and alcohol.

Dr. McCALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) advises depilation and the application of corrosive sublimate ointment or a lotion of the hyposulphite of soda (3j to 3j).

Dr. H. S. PURDON (*Dublin Journal of Medical Science*, Oct. 1872) extracts the hairs by Bazin's forceps, and prescribes a solution of the bichloride of mercury, two grains to the ounce, to be rubbed in, and afterwards a little sweet oil.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873), in the acute stage says, gouty and dyspeptic tendencies must be recognised and the patient treated accordingly. Aperients should, if necessary, be given, and stimulants, if they 'heat' the system, disallowed. The crusts may be removed by oil or poultice, a lead and opiate lotion afterwards applied to allay the inflammation. Donovan's solution is the only internal remedy of much use. Locally, hot fomentations and weak citrine ointment.

Syphilis.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) directs the treatment mainly against the constitutional disease. Abortive treatment is out of the question save when we have to treat an excoriation produced during a suspicious coitus. For the primary syphilitic sore the utmost cleanliness must be

maintained. Washes, mild or strong, according to circumstances, should be used, together with gentle applications of lunar caustic or sprinklings with red precipitate. Internally, mercurials; or, the patient having taken several daily warm baths, inunction with blue ointment (3ss to 3j) continued from ten minutes to a quarter of an hour. As soon as the least trace of salivation shows itself, the treatment must be suspended. Should the healing of the ulcer or resolution of the induration come to a stand-still after cessation of the salivation, Dr. Niemeyer recommences the mercurial frictions, one or two of which then almost always perfect the cure. Salivation may be allayed by chlorate of potash in solution (3j to 3ij water), a table-spoonful every two hours. The preparations of iodine are useless against the primary and secondary affections, while the tertiary symptoms demand the exhibition of this drug. The diet should be nourishing and unstimulating. For persons of broken-down constitution Dr. Niemeyer not unfrequently prescribes iron, quinine, and cod-liver oil.

Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. London, 1867), in the first instance, subdues the feverish symptoms by a dose of calomel and colocynth, followed by a draught of senna; supports the powers of the system, and removes the poison from the blood by the protioduret of mercury in doses of half a grain to a grain in combination with extract of lettuce or conium, twice or three times a day. If this medicine produce nausea or colic, he has recourse to some other form of mercurial preparation, or to inunction—a drachm of the strong mercurial ointment should be gently rubbed into the inner side of the thigh and leg every night at bed-time, changing the leg each night to avoid too much irritation of the skin. In pursuing this treatment stimulants of all kinds, either in food or drink, are to be avoided, as is also exposure to cold and fatigue. A pint and a half or a quart of the compound decoction of sarsaparilla should be taken daily.

The warm bath or vapour-bath should be taken daily. After the symptoms of constitutional syphilis have fairly subsided, nitric acid may be exhibited for two or three weeks longer, combined with the fluid extract of sarsaparilla, or, should there be any appearance of anæmia, we must give ferruginous remedies. Should successive attacks occur, the iodide of potassium must be administered, three grains, increased to five, eight, or ten, or even more, three times in the day. When the drug begins to act as an irritant, the use of the remedy should be suspended or the dose reduced. Syphilitic eruptions of the skin require no other *local treatment* than the tepid soap-bath. When situated on the face, the diluted citrine ointment, or the nitric-oxide of mercury ointment, applied with gentle friction, are good remedies, and tend to hasten the dispersion of the hyperæmia, the absorption of the pimples and tubercles, and the removal of the stains which they leave behind them. When a more soothing remedy is required, the benzoated ointment of the oxide of zinc may be applied. For sloughing sores an opiate lotion and water-dressing; if the ulcers be indisposed to heal, black and yellow wash with or without opium; in phagedenic sores chloride of zinc lotion, one drachm to the halfpint. Friction, with the mercurial ointment, and a mercurial plaster for the removal of local tubercular masses in a state of ulceration. For alopecia, one part of the nitric-oxide of mercury ointment to three of scented pomatum, rubbed into the roots of the hair every night, is recommended. In infantile syphilis Mr. Wilson gives the child perchloride of mercury, $\frac{1}{30}$ th of a grain three times a day, unless the mother shows evidence of affection, when the treatment may be through her.

M. RICORD says that if the mercurial treatment be well done, and soon done, secondary symptoms will not appear. The best treatment for 'secondaries' is the mercurial, the inunction of the iodide of mercury ointment, and it must

be continued and continuous for at least six months, followed for another six months with iodine, 20 to 100 grs. a day. When syphilis has lasted a long time, and has had great effect upon the constitution, it somehow disappears, and leaves the patient suffering from a complication of diseases which may have been existing before. In such cases all syphilitic treatment must be stopped, and the deterioration of the blood repaired by iron and bark. In syphilitic diseases of the brain and nervous system, bromide of potassium is a splendid remedy.

PROF. SIGMUND (*Wiener Medizinische Presse*, pp. 51, 52, 1870), judging from the results of clinical experience, has no doubt as to the value of mercury for the methodical general treatment of syphilis. Of the various methods of using this agent Prof. Sigmund holds that inunction of grey ointment is the superior and most suitable one, even in the first stage of the disease. The preparations of iodine cannot remove well-marked and undoubted forms of syphilis in the same manner as mercury; their use in slight forms seems to be doubtful, as these as readily disappear in the absence of the iodine; the use of iodide of potassium, moreover, results in unpleasant sequelæ. Prof. Sigmund insists upon the necessity of paying close attention to the hygienic conditions of syphilitic patients.

Dr. BUMSTEAD (*New York Medical Record*, Oct. 16, 1871) is convinced, by no small experience, that the iodide of potassium cannot be relied upon alone for permanent relief in pure cases of tertiary syphilis; and that the judicious use of mercury, especially by inunction concurrently with the iodide, affords a much greater degree of security. The 'mixed treatment,' administered in the form of large doses of iodide of potassium internally, and repeated courses of mercurial inunction externally, has relieved more desperate cases of syphilis than any other mode of practice with which he is acquainted.

Mr. SKEY (*Lancet*, July 30, 1870) says if the local

sore can be subjected to treatment within a term of three days, free cauterization with nitric acid, or other escharotic, will generally convert it into an innocuous ulcer. After three or four days the treatment throughout should be purely negative. No specific agents are useful. Simple dressing of spermaceti is as good as any other. In the latter stage, or that which immediately precedes cicatrization, the nitrous oxide of mercury ointment will accelerate the healing process. No condition of this sore, in any of its well-marked stages, can warrant the employment of mercury. If the soft sore show a tendency to deposition beneath it, and it assume the condition of induration, the question of mercury occurs to the mind of the surgeon. In whatever form this drug is administered, Mr. Skey cautions us to watch carefully its effects on the local disease, and on the constitution. As the hardness subsides, reduce the dose in a relation to the influence it appears to exercise. Avoid salivation in every stage, and maintain your patient's strength throughout. In the constitutional or eruptive stage, when it assumes the dry forms of psoriasis or of lepra, mercury is less injurious to the health in protracted cases; but employ it sparingly in all moist eruptions, vesicular, pustular, or impetiginoid. A great and valuable adjunct is ever found in iodine, and the iodide of potassium, in doses from five to fifteen grains, will often supersede the employment of mercury entirely. It may be combined with full doses of the tincture of bark.

Mr. HENRY LEE (*Practical Pathology*, 3rd edit. 2 vols. London, 1870) believes calomel fumigation, locally applied, is the best application in cases where it is an object to cure a primary ulceration quickly. He argues that, in the constitutional treatment of specific primary syphilitic disease, general experience has proved that no remedy exists possessing so great a power over the poison as mercury. The iodide of potassium, and in a less degree the bromide of potassium, possesses in an eminent

degree the power of removing some forms of the secondary eruptions; but they do not, according to Mr. Lee's experience, either prevent the occurrence or recurrence of the disease in the same way as mercury, which should be given in the form of calomel fumigation, and repeated not only till all the symptoms have been subdued and removed, but also, if possible, till all induration in the primary sore has disappeared. For *pustular syphilitic eruptions* iodide of potassium occupies the first place; this remedy may be given alone, or in combination with iron or other tonics. Bark and opium may be administered at the same time; the beneficial effects of the former are, however, most manifest in cases where destructive ulceration or sloughing occur. For *secondary syphilitic ulceration of the skin*, no remedy is so efficacious as the calomel vapour bath. In *tertiary syphilis* iodide of potassium, sarsaparilla, bark, the mineral acids, and opium, are the remedies most generally used, but these will not cure the disease; the only medicine which can be considered as doing this is mercury; but, in the tertiary forms, any further prolonged exhibition of this drug internally is out of the question, and inunction is apt to be followed by troublesome pustules and ulcerations. Where other means fail, the slow exhibition of calomel through the skin is recommended.

Dr. ELLIS (*Diseases of Children*, 2nd edit. pp. 340, London, 1873) remarks that mercury is the best sheet-anchor. In treating children he prefers the use of grey powder, in doses of from half a grain, or two grains twice or thrice daily, with a few grains of compound cinnamon powder to prevent the mercury running off by the bowels. This treatment should be persevered in from six to twelve weeks, occasionally substituting corrosive sublimate with bark. Vomiting and diarrhoea are indications for temporarily stopping the mercurial course, or at least for changing its form. Sometimes a little chalk or carbonate

of potash added to the grey powder enables it to be well borne. Black wash is the best local application; anal condylomata should be dusted over with calomel, and kept scrupulously clean. Occasionally they may require a touch with nitrate of silver. Caustic is also useful in ulcerations of the mouth and tongue. Iodide of potassium, bark, sarsaparilla, and the syr. ferri iodidi are of value after the mercurial course in improving the general health. Baths of corrosive sublimate are recommended in the skin complications.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1870) prescribes, in hereditary syphilis, good living, fresh air, rest, avoidance of fatigue, cod-liver oil, iron, alterative doses of mercury, and the iodide of potassium. The remedy for all *syphilo dermatata* is, of course, mercury, except in those cases in which the drug may still further depress. In these cases and those of tertiary syphilis, the appropriate remedy is iodide of potassium. Dr. Fox prefers the bicyanide of mercury, which he gives in a pill, gr. $\frac{1}{20}$ th, with extract of gentian, quinine, or opium twice a day, whilst iodide of potassium in five-grain doses, at first twice and soon thrice a day, with spirit of ammonia three hours after each pill. This treatment is continued for a month or six weeks, until the gums show signs of becoming spongy. If the disease be extensive, the calomel vapour-bath twice a week may be administered.

THE ZITMANN TREATMENT.—Dr. T. FOX (*Medical Times and Gazette*, Feb. 10, 1866) states that the Zitmann plan is applicable in those cases of old-standing disease in which there are an obstinacy to reparative action and ulcerative tendencies. So far as skin diseases are concerned, cases of tertiary syphilis, with foul ulcers, derive most benefit. The treatment consists of a compound of mild purgative, low dieting, and sweating. The patient keeps his bed the whole time, in a warm room of the

temperature of from 60° to 70° F.; he takes a purge to begin, repeating it every second or third day. As to diet, in the morning he takes a cup of tea and some toast, at mid-day a chop and a potato or biscuit, and in the evening dry toast and tea again, biscuit *ad libitum*. In the way of medicine he takes, before twelve noon, two pints of a stronger decoction, and after twelve noon two pints of a weaker decoction of sarsaparilla. In the course of a few days the skin relaxes, perspiration is set up, the bowels generally act freely four or five times a day, and an offensive odour is perceptible about the patient and his secretions. In about fourteen days he may be allowed to get up, but still to continue some of the decoction. After this, tonics or other remedies may be given. A course of alkaline waters acts most efficiently after its use. The following are the formulæ of the decoctions:—No. 1, the stronger—Sarsaparilla, ℥xij; water, Oxxiv: boil for two hours, and then suspend in the liquor, by means of a linen bag, ℥iss of alum, ℥iss of liquorice, ʒj of oxy. sulphuret of antimony, ℥ij of senna leaves, and ℥ss of aniseed; remove it from the fire, allow it to infuse awhile, and then strain off Oxxvj. Decoction No. 2, the weaker—Take the residue of No. 1; sarsaparilla, ℥vij; water Oxxiv; orange-peel, cinnamon cardamums, of each ℥iij; and of liquorice ℥vj; infuse for several hours, and strain off Oxxvj for use. The addition of guaiacum is often desirable.

THE COMMITTEE APPOINTED BY THE LORDS OF THE ADMIRALTY to enquire into the venereal disease, to diminish its effects in the army and navy, state in their report that the simple, or non-infecting sore (and indeed all sores unmarked by specific induration) should be treated almost entirely by local applications, having for their object to allay pain or inflammation, and protect the sore from injury. There is no remarkable feature in the progress of the inguinal glands towards suppuration which demands comment. Their liability to suppurate, however, renders

the destruction of the sore by escharotics desirable. Such treatment should only be resorted to in the earliest stage of the sore, and probably not later than two days from its first appearance. Mercury will neither arrest the progress of glandular enlargement nor prevent suppuration. The balance of two opinions is rather favourable to treatment of the primary hard sore by mercury. The alternative to the employment of mercury consists in simple local treatment, the avoidance of local irritants, whether medical or mechanical, attention to cleanliness, and to the improvement of the general health. The opinion of the Committee is unanimous in favour of mercury, as the most efficient agent yet known in the treatment of *constitutional syphilis*. Sarsaparilla possesses no especial virtues of its own, and is inferior to the various forms of bark. The Committee are of opinion—1. That until a more efficient remedy be discovered, the occasional employment of mercury cannot be dispensed with; 2. That, employed in moderation, and under judicious restrictions, it is, to the large majority of constitutions, harmless; and 3. That, when employed in such larger quantities as will cause salivation, the excess is not only useless, but assumes the character of a poison.

No reference is made by the Committee to the use of iodides of potassium, sodium, and ammonium.

Mr. JOHN ST. S. WILDERS (*Birmingham Medical Review*, No. VI. 1873) takes the hopeful view that constitutional syphilis is as certainly curable as ague, though months, or even two years, may be required to eradicate it. In the early stages of the secondary disorder, all stimulating and alcoholic drinks should be avoided as far as possible, and this especially if the patient is being submitted to any mercurial treatment. In many instances when, from shortness of work or other privation, debility is produced, mercury should be intermitted and tonics given. Plenty of milk, eggs, vegetables, and little

animal food, should be taken, with large quantities of diluents to keep the skin and kidneys in active operation. Great cleanliness should be practised, the pores of the skin being kept open by occasional hot baths, the use of the flesh-brush, and active exercise. In the latter stages of the secondary, and in the tertiary period, a generous mode of living is required. The best therapeutic agent for all the early stages of the secondary period, and even for some of the later, is the mercurial vapour bath, which should be given every day, for five or six days, then every third day till the patient has had a dozen. An interval of six weeks or two months may now be allowed to elapse, when iodide of potassium or other remedies must be commenced and steadily persevered in. The mercurial preparations Mr. Wilders employs for the baths are the bisulphuret of mercury, the binoxide, the grey oxide, and the iodide. They may be used singly or in combination with one another. The bisulphuret, combined with the grey oxide, in the proportion of four drachms of the former and two of the latter, he has found very useful in the treatment of the various forms of skin affection, and in mild attacks of sore throat. For the treatment of syphilitic disease of the bones, and in syphilitic sarcocele, the iodide of mercury is very valuable. This should be used together with the grey oxide, fifteen grains of the former and two drachms of the latter. The effects of the bath may require to be supplemented by rubbing into the skin blue ointment, or by the internal use of some preparation of mercury, and for this purpose he recommends the following prescription, which was a great favourite with Mr. Langston Parker:—℞ Hydrarg. biniodi, gr. iij; potass iodidi, ʒij; spirit. vin. rectificati, ʒj; syrupi zingiberis, ʒiij; aq. dist. ad ʒxij. M. ft. mist. Half a teaspoonful to be taken three times a day in a little water. Dilute nitric acid is valuable when all the outward manifestations of syphilis have been removed by the use of mercurial

baths, when it seems to renovate and brace up the patient's strength. Phosphoric acid is to be preferred when there is much nervous depression; opium is most valuable in cases of tubercular ulceration, and in bad cases of rupia, where the bones are affected. In the later stages, iron, cod-liver oil, and tonics are required.

Dr. LEWIN (*Treatment of Syphilis*; translated by Carl Proegler, M.D. and E. H. Gale, M.D., 12mo. pp. 249, Philadelphia, 1872) speaks in the highest terms of the subcutaneous injection of mercury. The preparation used by Dr. Lewin is the corrosive chloride, in solutions of three, four, and six grains respectively to the ounce of water. The injections are made with a modification of the ordinary hypodermic syringe, only fifteen minims of the solution being injected in one place, and the minimum and maximum doses for ordinary use being $\frac{1}{10}$ th of a grain and $\frac{3}{8}$ th of a grain of the mercurial salt.

Dr. HARTSHORNE (*Essentials of Practical Medicine*, 3rd edit. pp. 487, Philadelphia, 1871), without claiming opportunity to have put fully to the test all the different ideas, his conviction remains strong that for all forms of primary syphilis, except the sloughing or the extremely phagedænic variety, mercury is the specific antidote. Locally he recommends the caustic use of nitrate of silver; after such application, astringent lotions, as lime-water, solution of sulphate of copper (gr. $\frac{1}{2}$ to gr. j in $\bar{5}$ j.), washing the part gently twice a day with Castile soap and water. In obstinate sores sprinkling the part with powder of calomel is one of the most effectual remedies. Buboës, if they inflame, may be leeches and refrigerated with lead-water or soothed with poultices. When they suppurate, they should be freely opened with a bistoury. When, afterwards, they refuse to heal, the surgical treatment proper for indolent ulcers will be suitable for them, besides the local use of powder of calomel. Mercury is available in the treatment of secondary as well as of

primary syphilis, but its power over it is less absolute. After moderate trial, especially of the iodide of mercury, iodide of potassium may be given; from ten to thirty grains thrice daily. Enfeeblement of the constitution of the patient may require the employment of generous diet, salt bathing, change of air, iron, quinine, and cod-liver oil.

Dr. MINTEFORTE (*Giornale Italiano delle Malattie Venere*, 1868) recommends the application to syphilitic ulcers of phenic acid in water, five parts to the hundred. His colleague, Dr. Fidele de Fieri, extols the deuto-phosphate of mercury, one grain a day, continued for two months, in tertiary syphilis.

Dr. R. W. TAYLOR (*New York Medical Gazette*, May 1871) claims several advantages for the hypodermic injection of corrosive sublimate. Among the points which Dr. Taylor conceives to be of great importance to the comfort of the patient, and to the success of the treatment, is the exact amount of water used in the solution. He finds the best proportion to be twelve drops of water, to one-eighth of a grain of the bichloride, a greater quantity of fluid being more irritating.

Dr. GUNTZ (*Aerztliches Literaturblatt*, Nos. III. and IV. 1870) maintains that the mercurial treatment should be first introduced when induration has become well marked. The secondary symptoms are to be treated by mercury, the tertiary by iodide of potassium. Mercurial baths ought not to be used when ulcers exist on the skin. The internal administration should be carefully watched, and associated with much attention to hygiene. The mercury should be increased in its dose every tenth day, and continued until salivation is produced.

Mr. JOHN MORGAN (*Medical Press and Circular*, Jan. 12, 1870) recommends creosote in the early stages of constitutional infection, and specially where mercurial treatment is inadmissible, or when the patients are of the

strumous diathesis. The usual plan Mr. Morgan follows is, keeping the patient in bed as far as possible, allowing a nourishing diet, and the use, at least every second night, of a warm bath, to which two ounces of carbolic acid are added; the patient should remain in this bath half an hour, or even longer, so as thoroughly to influence the skin. The creosote mixture Mr. Morgan prescribes is:—
 ℞ creosoti, ʒj; mucilaginis, ʒj. Tere et adde—tinct. opii, ʒj; aq. menth. pip., ʒvij. M. Sumat coch. mag. j quat. in die. Usually within ten days an amelioration takes place, and gradually the signs fade. Should iritis, or any acute sign, appear, requiring mercurial treatment, this remedy can be given as well as the creosote mixture.

Mr. W. JOHNSON SMITH (*Lancet*, March 19, 1870), in speaking of the treatment of constitutional syphilis, states that of late years there has been a tendency to substitute an external for an internal administration of mercury. For iritis, scaly eruptions, and mucous patches, a solution of corrosive sublimate, injected below the deltoid muscle or under the skin of the back, acts far more efficaciously and speedily than other modes of administering mercury.

Prof. THIRY (*Presse Belge*, April 24, 1870) warns us against resorting to precipitate treatment under the idea of preventing syphilis. Until the chancre becomes indurated it is not, in fact, syphilitic at all, and, so far from being benefited by mercury, it not unfrequently becomes phagedænic. The mercury is not indicated until induration appears. Then it acts as a curative, not as a preventive agent. When induration does not appear, mercury must be at once and vigorously employed, and we are then often able to cut short the disease at its very commencement; and the mercury promptly used has to be continued for a much less time than when delayed. The disappearance of the specific induration is also at this early period the criterion of the efficacy of the cure.

Dr. J. K. SPENDER (*Lancet*, June 19 and 26, 1869)

advances the following therapeutic propositions:—1. For the secondary forms of syphilis, give, in the most eligible form, iodide of potassium in moderate doses, with blue pill or some analogous preparation. 2. The double compound of iodide of potassium and bichloride of mercury may be necessary for treating syphilitic inflammation of deeper tissues. 3. The bichloride of mercury is valuable for removing the intermediary squamous syphilides. The green iodide of mercury is recommended by Mr. Squire. In doubtful cases, bichloride of mercury may be added to arsenic. 4. The earlier tertiary phenomena are relieved by the double compound of iodine and mercury just named; the latter ones by large doses of iodide of potassium. Sometimes even cures may be effected. Tonics are generally useful subordinate agents. 5. Infantile syphilis always requires mercury. Dr. Spender adds that, in otherwise intractable cases, the mercurial bath and the hypodermic method of introducing mercury into the system should be rendered available.

Dr. MERSCHEIM (*Schmidt's Jahrbücher*, No. IV. 1862) bears witness to the security and precision of the subcutaneous injection of corrosive sublimate. He does not hold with Lewin that there is no necessity for the patient to keep his bed or his room. On account of the numerous abscesses, and of the frequent severe pains, the patient is sometimes obliged to lie in bed, or at least keep himself in his chamber.

M. LIÉGEOIS (*Gaz. Hebd.* No. XXVIII.) says that the advantages of the hypodermic method seem to him to be unquestionable:—1. It can readily be applied. 2. It guards against local affections. 3. It enables one to avoid, with much certainty, salivation. 4. Its efficacy is very great against secondary manifestations. 5. It does not disturb the important functions of the economy. 6. It seems to expose the patient less to relapses than other methods of treatment. 7. The relapses are generally very mild.

M. BRICHETEAU (*Bulletin Général de Thérap.* April 15, 1869) considers that his results on the hypodermic use of mercury in syphilis are most satisfactory, but he is of opinion that all the preparations of mercury hitherto recommended are objectionable, owing to their irritating nature; and, after a consultation with a pharmaceutical chemist of experience, he has fixed upon the double iodide of mercury and sodium as the least injurious to the tissue. His formula consists of $1\frac{1}{2}$ gramme of the double iodide dissolved in 100 grammes of distilled water. Each gramme of this solution, or 20 drops, contains one centigramme, or 10 milligrammes. It is recommended to begin with ten drops, or 5 milligrammes; then to increase the dose by 10 drops, and an injection to be made every second day.

M. KRYSJKA (*Wochenblatt der K.K. Gesellschaft der Aerzte in Wien*, No. XLIV. 1867), in order to remove syphilis from its starting-point, applies yellow-wash to the local sore, and orders to be taken, three times in the day, one teaspoonful of a mixture of two drachms of iodide of potash in five ounces of water. The local application of mercury is only useful in the treatment of the primary forms of syphilis; in the secondary and tertiary forms Dr. Krysjka gives it internally with steel, and also orders sulphur baths. In nocturnal pains in the bones iodide of potassium acts most rapidly.

Tapeworm.—Dr. COBBOLD (*Worms: a Series of Lectures on Practical Helminthology*, London, 1872), without asserting their actual relative value as tapeworm poisons, gives a preference to the following remedies in the order in which they are recorded:—Male-fern, kousso, kamela, turpentine, panna, pumkin-seeds, and pomegranate-root bark.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) says one potent remedy for the tapeworm of this country is oil of turpentine, given in large doses—half an ounce to two ounces,

in combination with castor-oil; or castor-oil may be administered afterwards, to assist its purgative effect. The patient should take it in the morning fasting, and no drink should be admitted into the stomach until the medicine begins to operate, lest sickness and vomiting should be provoked. The worm generally is voided, dead, within an hour or two. The bowels should be kept open with castor-oil, so long as the urine retains the violet smell which indicates the presence of the turpentine in the circulation.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) prescribes male-fern, pomegranate-rind, kousso, and oil of turpentine; the last, although among the most certain remedies, should only be used in case of necessity, not upon account of its disagreeable taste, but because in the requisite doses it is apt to irritate the urinary organs. One or two ounces of oil of turpentine alone, or mixed with honey or castor-oil, or in emulsion, are to be given at one dose, at bedtime.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) says the following plan of treatment is usually efficacious:—To let the patient take only liquids, such as milk and beef-tea, for a day, then to administer a full dose of castor-oil in the evening; if the oil has acted well, to give a draught containing the *liquid extract of male-fern*, in a dose of 10 drops to ʒj or ʒiiss, according to age. The draught may be made up with sugar mucilage and milk, or with the yolk of an egg and cinnamon-water. In order to see whether the head is discharged, each stool must be received into a separate vessel, then mixed with water and filtered through coarse muslin.

Tetanus.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) in reviewing the principal remedies that have been tried, says that

Dr. Todd suggested to him the application of *ice* to the *spine*—a measure which he found eminently beneficial in convulsions. This mode of employing cold as a remedy seems to Sir Thomas well worthy of trial.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) attempts to restore the secretions to a healthy state, supports the patient, and endeavours to tranquillize the high irritation under which he is labouring. He employs moderate doses of purgative medicines, with tinct. opii m.v., or its equivalent, ten grains of Dover's powder, every three or four hours; turpentine enemata, moderate quantities of wine, sago, or other nutritious diet. The hypodermic injection of a solution curare, $\frac{1}{8}$ th to $\frac{1}{4}$ th of a grain, gradually increased, deserves extensive trial. Cannabis sativa or Indian hemp is a remedy of great value, if it can be got genuine and fresh. Three grains of the extract, or thirty drops of the tincture, may be given every half-hour or hour till narcoticism is attained. Cold should at the same time be applied to the spine. Calabar bean is also worthy of note—one grain by the stomach, or one-third of a grain mixed with ten or fifteen minims of water, and neutralized by carbonate of soda, by subcutaneous injection, repeated in two hours, and increasing the dose gradually.

Dr. WILLIAM A. HAMMOND (*Diseases of the Nervous System*, 3rd edit. pp. 574, New York, 1873) says there is scarcely a sedative or stimulant remedy in the Pharmacopœia which has not been employed and recommended in tetanus. He is disposed to think that, whatever internal medication be adopted, the application of ice to the spine is a measure which should always form a feature of the treatment.

Mr. C. MACNAMARA (*Practitioner*, Nov. 1872) administers forty grains of hydrate of chloral (to an adult) at bed-time, and in severe cases of the disease—the temperature of the body rising to upwards of 101° —an

additional thirty grains at mid-day. The patient is made to swallow regularly every four hours about four ounces of milk, one egg being mixed with the milk morning, noon and evening; if the pulse indicates considerable weakness, beef-tea and brandy are substituted for the milk. Milk and eggs, with arrowroot, is the diet which Mr. Macnamara uniformly orders, it may be for twenty or twenty-five consecutive days. Of twenty cases not less than seventeen recovered under the treatment.

DRs. E. WATSON and FRAZER (*Practitioner*, Sept. 1869) use Calabar bean, one grain at a dose; or five drops of the tincture. Of 18 cases collected by Dr. Watson in which physostigma was used, 10 recovered.

Dr. W. W. KEEN (*Philadelphia Medical Times*, March 1, 1871) gave the tincture of Calabar bean (physostigma venenosum) in doses of one or two hundred minims, in a case in which recovery occurred.

Tinea Circinata.—Dr. M'CALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) says, if the person affected be very hairy, it may be necessary to remove the hairs; but the application daily of an ointment of corrosive sublimate, or a lotion of the hyposulphite of soda, \mathfrak{zj} to $\mathfrak{z}\mathfrak{j}$ water, is generally sufficient to effect a cure. If these fail, and if the circles are few in number, the application of blistering fluid is very beneficial. When there are a great many patches of ring-worm scattered over the body, they may be treated by means of sulphur or mercurial vapour-baths; or the eruption may be scrubbed twice daily with black soap.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532, London, 1873) directs the patient to rub in a weak white precipitate ointment, or nitrate of mercury ointment ($\mathfrak{z}\mathfrak{ss}$ to $\mathfrak{z}\mathfrak{j}$), night and morning for a day or two. In those cases in which the disease is more or less general, and tends to assume the eczematous aspect, the sulphurous acid lotion is the best remedy; but if there is any dis-

charge, it is preferable to employ an ammonio-chloride of mercury ointment (gr.v to $\bar{3}j$ of adeps).

Tinea Decalvans.—(See *Alopecia*.)

Tinea Tonsurans.—Dr. M'CALL ANDERSON (*Parasitic Affections of the Skin*, 2nd edit. pp. 250, London, 1868) says Sir William Jenner strongly recommends an ointment composed of twenty grains of the ammonio-chloride of mercury and four drachms of sulphur ointment. Scrubbing the affected parts night and morning with black soap is likewise beneficial. Devergie is in favour of the application of oil of cade, or of a solution of nitrate of silver in the proportion of a drachm to nine drachms of distilled water.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1866) speaks highly of a plan of treatment recommended by Dr. Coster (Medical Superintendent of the London District School, Hanwell), which consists in saturating the part, with the aid of a piece of sponge, with the following mixture:—℞ iodini pur. $\bar{3}ij$, ol. picis (sp. gr.853) $\bar{3}j$; m. et solu. (The iodine and oil of tar should be gradually and carefully mixed, otherwise a considerable amount of heat will be generated, and the iodine dissipated.)

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 522, London, 1873) recommends the extraction of the hairs by means of forceps. If the hairs are not very loose, and epilation gives pain, the diseased patch must be blistered once or twice, or the oil of cade freely used. If the hairs which spring up look diseased, if they are brittle and loaded with corridia, it is necessary to epilate and use parasitocides again and again. In all cases the head should be well washed with mild soap two or three times a week. Dr. Fox believes that friction with remedies of a moderate strength (acetic acid or sulphurous acid lotion) is preferable to the application of strong and active remedies. In obstinate cases it is necessary to use

some strong parasiticide from time to time. The microscope must be had recourse to as *the* guide to the use of remedies. The presence of actively-growing fungus calls for active treatment.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) recommends an ointment of bichloride of mercury (4 grs. to $\bar{3}j$ of lard) or one of carbolic acid and glycerine. Cod-liver oil and the syrup of the iodide of iron are, he believes, the best internal remedies.

Trichinosis.—Dr. NIEMEYER (*Text Book of Practical Medicine*, 8th edit. 2 vols. London, 1873) states that there is little hope of finding a remedy by which the trichine may be killed without injury to the patient in whom they exist. The presence of diarrhœa should not deter us from beginning the treatment with a few doses of calomel or castor-oil. It does not seem to Dr. Niemeyer to be proved that benzoine, of which Moster gives $\bar{3}j$ to $\bar{3}ij$ in gelatin capsules, is inefficacious against intestinal trichinæ, so that we should cease using it. The rest of the treatment is symptomatic. For the fever, quinine is advised; for progressive prostration, stimulants; for the subsequent anæmia, iron; for the painful swelling of the muscles, the use of long-continued warm baths.

Dr. T. H. TANNER (*Practice of Medicine*, 6th edit. 2 vols. London, 1869) recommends in the earliest stage emetics and purgatives. The sleeplessness and copious sweats were found by Dr. Rupprecht to be best relieved by wet-sheet packing. The picro-nitrate of potash and benzole seem to be the most promising agents for destroying the muscular trichinæ. The sulpho-carbolate of soda, Dr. Tanner thinks, might possibly prove useful.

Typhlitis.—Dr. AITKEN (*Science and Practice of Medicine*, 2 vols. 6th edition, London, 1872) says a full dose of castor-oil ($\bar{3}ss$ to $\bar{3}j$) is indicated if vomiting does not exist. Drastic purgation is not to be thought of. The use of enemas through long rectum tubes are the most

efficient means of relief, which may throw up four or five pints of liquid in a continuous stream, so as to soften, crumble down, and set in motion the fæcal collections. Salt, castor-oil, or turpentine, or milk, ought to be added to the fluid injected. Leeches may be required if pain or pressure exists in the iliac region.

Typhoid Fever.—Sir WILLIAM GULL (*Lancet*, June 29, 1872) says this disease cannot be cut short, even in its early stage. The best thing to do is to place the patient in bed in a horizontal position and reserve his nervous power, remembering that he must, if he live, go through the whole course of the disease. We must not dose him with medicines. He has to go through the reactions of his nervous, absorbent, and nutritive systems—he has, in fact, to go through ‘a great physical storm.’ Let the patient alone, then, in this stage. If diarrœha occur, the best thing is to fill the rectum with five or six ounces of starch. If hæmorrhage occur, trust to it to cure itself, and keep the patient at rest in the horizontal position, giving a little opium (half a grain) by rectum or mouth if necessary, to quiet the intestines. Ice may also be applied to the abdomen. The objection to giving lead or gallic acid or other powerful astringents is that they are apt to make the patient sick, and in that manner perhaps to make the hæmorrhage worse. With regard to the delirium which often comes on in the course of the disease, in the first place never leave the patient alone day or night. In the treatment of this—which is due to brain-irritation and not to inflammation—there is one great remedy, alcohol given as brandy or wine; but when the result has been obtained, stop it. Guard against bed-sores. If necessary to pass a catheter, use a gum-elastic with all possible care and delicacy. Sir William would prefer to carry any one through typhoid fever by wines and soups and fresh air rather than by the use of drugs.

Dr. AITKEN (*Science and Practice of Medicine*, 6th

edit. 2 vols. London, 1872) reduces the temperature and subdues vascular excitement, if these be in excess, by digitalis—an infusion of fifteen or twenty grains in eight or ten ounces of boiling distilled water may be consumed in twenty-four hours by adult patients—by cold and tepid sponging, and by shaving the head in all severe cases ; he restrains and moderates the diarrhœa with lime-water mixed with milk ; he stimulates the nervous system, when necessary, with food and sustenance ; obtains a free action of the kidneys by means of the warm bath, with repeated small doses of the alkaline carbonates, or of the nitrate or bitartrate of potash ; and influences the elimination of the morbid growth from the intestinal glands by calomel, one or two grains twice a day. This drug, however, is contra-indicated if the diarrhœa is excessive, or if there should be excessive pains in the bowels, with early and violent meteorism, for which mustard poultices or turpentine stupes, followed by simple hot-water fomentations, will be found useful. After these remedies have been used, cold-water compresses over the abdomen tend to lessen the tension and the gurgling in the intestines, and to diminish the tenderness on pressure. For hæmorrhage from the bowels two grains of the acetate of lead dissolved in a little dilute acetic acid should be prescribed ; at the same time a clyster of ten to fifteen grains of acetate of lead dissolved in four ounces of distilled warm water with twenty or thirty drops of tincture of opium, repeated in four or six hours if required. Ice may also be swallowed now and then, and crushed ice applied, enclosed in a bladder, over the abdomen. Turpentine, five to twenty drops every two hours, is also a valuable remedy in hæmorrhages, and in the stage of ulceration. The utmost caution is necessary as to diet and aperients during convalescence. For opening the bowels, castor-oil or simple enemata are the only means which should be resorted to. As to diet, no flesh meat should be allowed till at least

seven days after all the febrile phenomena have passed away, and the food should be as free as possible from excrementitious matter.

Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) recommends cold to the shaven head; the local abstraction of blood wherever there happens to arise unequivocal evidence of local inflammation; a purge at first and mild aperients afterwards, if the bowels are confined or sluggish; moderate astringents, if there be much or urgent diarrhœa, a few grains of Dover's powder, for example, or the extract of catechu; opium in a more efficient dose, when the nervous symptoms are prominent, particularly sleepless delirium, and restlessness, and in many cases *early* support by animal broths and even by wine. (See also *Typhus Fever*.)

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. London, 1873) scarcely doubts that by calomel we may, in some few cases, cut short the disease (according to Wunderlich, one or two five-grain doses are enough), and that in the great majority of cases where this remedy is given during the first week, and before the occurrence of much diarrhœa, the course of the disease is rendered milder and shorter.

Dr. MURCHISON (*The Continued Fevers of Great Britain*, 2nd edit. London, 1873) prescribes the mineral acids in order to neutralize the poison, and to improve the state of the blood. To promote the flow of urine, he gives digitalis, nitrous ether, and gin. Diaphoretics are sometimes useful for moderating the pyrexia in the early stage. Emetics administered within the first ten days often relieve the headache and gastric disturbance, but they ought never to be given after the twelfth day, for when the peritonium is laid bare by the intestinal ulcers the act of vomiting may induce perforation. When there is constipation at the commencement of the attack, it is well to give a small dose of castor-oil, or of rhubarb in pepper-

mint water. When the bowels are confined at a later stage, one or two teaspoonfuls of castor-oil, or a simple enema, should be prescribed ; but when constipation succeeds to severe diarrhœa, the best practice, Dr. Murchison believes, is to abstain from interfering for four or five days, and then only to prescribe a simple enema, or one teaspoonful of castor-oil, if the patient has any abdominal discomfort. Jalap, colocynth, and all drastic purgatives, are to be shunned like the plague. When the disease sets in with urgent abdominal symptoms, a few leeches to the abdomen or around the anus will sometimes relieve the pain, and moderate the diarrhœa. The cold-water treatment is chiefly adapted to cases in which the temperature rises to 104° Fahr. or upwards ; and it is contra-indicated in aged persons, or when the extremities are cold, although the temperature of the central parts of the body be high ; and it must be employed with caution when there are the signs of weakened cardiac motion, or of stagnation of blood in the capillaries. When this treatment is not resorted to, the body ought to be sponged two or three times daily, with tepid water containing one-fourth part of vinegar, or a little Condyl's fluid. In cases where the disease puts on a decidedly remittent type, small doses of quinine (one to two grains) may be given with advantage. The vital powers should be sustained by appropriate food and stimulants, but in doing so we should avoid exciting congestion or increasing the work of the already overtaxed glandular organs. Diarrhœa is usually checked by a starch enema, containing from ten to twenty drops of laudanum, or of Battley's liquor opii sedativus, to each dose of the ordinary acid mixture (half a drachm of the dilute hydrochloric acid, with a like quantity of the tincture and syrup of orange every three hours), or sulphuric acid with laudanum, catechu, and peppermint. When these remedies fail, or when the acids are not tolerated by the stomach, recourse may be had to the subnitrate of bismuth in a

mucilaginous mixture, lime-water, vegetable charcoal (a teaspoonful every four hours), which is particularly useful when there is much tympanitis along with diarrhœa, powders composed of equal parts of Dover's powder and hydrargyrum cum creta, or the acetate of lead. When opiates, even in small doses, are contra-indicated, the chief reliance must be placed upon the acetate of lead, bismuth, and charcoal, or drachm doses of the tincture of catechu may be given every three or four hours. In addition to these remedies much benefit will be derived in every case of enteric fever, where there is diarrhœa, abdominal pain, or tympanitis, from constant fomentation of the abdomen with poultices, or with wet flannel covered with oiled silk or gutta percha. Stupes moistened with turpentine, or with the camphor liniment, may also be applied at intervals. Hæmorrhage from the bowels during the first ten days is usually slight, and is readily checked by the acetate of lead and morphia, and the starch and opium enemata recommended for the diarrhœa. When intestinal hæmorrhage co-exists with hæmorrhages elsewhere, large doses of the perchloride or pernitrate of iron will be found useful. But when profuse hæmorrhage from the bowel occurs by itself at an advanced stage of the disease, the patient is in great danger, and Dr. Murchison's experience is entirely opposed to the advice offered by Sir W. Gull, that 'it is best to trust to the hæmorrhage to cure itself.' Dr. Murchison has found the following mixture almost invariably successful for arresting the bleeding. The doses are, for an adult—℞ acid. tannic. gr.x; tinct. opii, m.x; spirit. terebinth, m.xv; mucilag. ʒij; tinct. chloroform. co. m.xx; aq. menth. pip. ad ʒj; m.; ft. hst. â qq. horâ sum. Latterly, Dr. Murchison has found ergot a most efficacious styptic, and it also possesses this advantage, that it may be administered subcutaneously; from three to five grains of ergotine dissolved in ten minims of water, or in equal parts of glycerine and rectified spirit, may be injected beneath

the skin. With these remedies perfect rest is to be enjoined. A bladder containing ice is to be applied over the right side of the abdomen, and ice may be given to suck. Stimulants to be given according to the state of the pulse. Vomiting during the first ten days is often relieved by an emetic. If emetics fail, or are contra-indicated, a sinapism or a turpentine stupe is to be applied to the epigastrium, while ice is given to suck. If the vomiting continue, the acid treatment must be suspended, and lime-water or bismuth and hydrocyanic acid are to be substituted. Equal parts of lime-water and milk is an excellent remedy in such cases. For the tympanitis, which is sometimes so excessive as to impede the breathing, turpentine stupes and constant fomentation of the abdomen are recommended, but very often other measures must be resorted to. Enemata are the most effectual remedies. The best are those containing carbolic acid (glycerin. acid carb. ʒss, decoct. hordei, Oiss.), creosote (creosot. m.vj, glycer. ʒss, decoct. hord. Oiss), vegetable charcoal (carb. lig. ʒj, mucilag. ʒij, decoct. hord. Oiss.) When with tympanitis there is protracted constipation, one or two teaspoonfuls of castor-oil in peppermint-water may be given by the mouth. Failing all these remedies, the gas may be drawn off in large quantity by a long tube passed into the colon. Abdominal pain is usually relieved by assiduous fomentation, or poulticing of the abdomen, or turpentine stupes; and when those measures fail, a dessert-spoonful of laudanum may be added to the poultice. When the pain is severe, an opiate may be given by the mouth or rectum; or, if the patient be young and robust, and in an early stage of the fever, from two to six leeches applied over the iliac region, or around the anus, often give great and immediate relief. Epistaxis, when profuse, must be checked by gallic acid and turpentine, or tincture of ergot may be given every hour, or ergotine may be injected subcutaneously; at the same time a bladder containing ice is

to be applied over the forehead and nose, while a solution of alum or tannine, or an infusion of matico or rhatany, may be injected into the nostrils. If these measures fail, the nares must be plugged. For peritonitis, opium is the only remedy to be relied on. To an adult two grains may be given at once, followed by one grain every second or third hour, till slight stupor is induced. When the stomach is irritable, the subcutaneous injection of morphia is preferable; the abdomen should at the same time be covered with a bladder of ice. The patient must on no account be raised in bed, and the ingesta ought to be liquid, and given in small quantities. It is a good rule not to allow the patient to get out of bed to the night-chair, after the fourteenth day of his illness, until convalescence is fairly established.

Dr. JOHN E. OWEN (*New York Medical Record*, Aug. 15, 1871) observes that during the last four years, both in hospital and private practice, milk and sulphuric acid and strychnia mixture have been administered with success. The dry, brown tongue soon becomes moist, and remains so during the treatment.

Dr. FEHRSEN (*Lancet*, Dec. 31, 1870) states that if the thermometer shows 104° F. the patient should be put for fifteen minutes into a bath of 59° F. up to the neck; in cases of much headache or delirium, cold water should be poured over the head. The bath should be repeated during the first week from four to six times a day, or as often as the temperature attains to 102° or 103° F., experience having shown that the rapid cooling down of the febrile heat to a normal temperature is a powerful means of mitigating the symptoms, shortening the duration of the disease, and favouring an early convalescence, besides obviating the necessity of prolonged bathing at a later period of the disease. The most striking benefits derived from this cold bathing are—firstly, that the delirium is generally mild or easily subdued; secondly, an earlier re-

turn of sleep; thirdly, a total absence of bed-sores; fourthly, a less prostrate state of the system. After the first bath the sick show less objection to its repetition, and some even like it. Nothing contra-indicates the use of the bath except very feeble action of the heart, hæmorrhages, or perforation of the bowels; a little bronchitis is not considered an obstacle. The lightest food, with very little claret, is all that is given. Quinine is administered for the express purpose of lowering the febrile heat, sixteen grains being given in two decided doses in the evening. The statistics of the Stadt-Krankenhaus, at the present time, contrasts most favourably with those of a few years ago, when the mortality averaged $11\frac{3}{4}$ per cent., as at present it does not exceed 4 per cent.

Dr. PECHOLIER (*Gazette Hebdomadaire*, No. XIII. 1869) is led to suppose that creosote, when administered in small doses in mixtures, enemata, and probably also in the form of vapour, at the commencement of typhoid fever, and during the first days of its invasion, has powerful effects in diminishing the intensity and shortening the duration of the disease.

Dr. AUSTIN FLINT (*Principles and Practice of Medicine*, 2nd edit. pp. 276, Philadelphia, 1867) considers the mineral acids highly useful.

Dr. KING CHAMBERS (*Lectures, chiefly Clinical*, 4th edit. London, 1871) recommends strong beef-tea and milk given freely, and twenty drops of dilute nitro-muriatic acid every two hours.

M. PÉTER (*Journal de Médecine*, Oct. 1872) gives every other day a glass of seidlitz-water, and every morning and evening an emollient injection, to remove putrid matters. To combat the fever he orders seven or eight grains of quinine daily, augmenting the dose if requisite. He also gives various stimulants. Each patient has four ounces of quinine wine. The drink otherwise allowed is a pint or two of vinous lemonade. When the temperature

is high, he does not object to the action of cold, but does not consider either cold baths or affusions advisable. He applies cold sponging with vinegar and water, the surface being rapidly dried after being moistened.

Prof. ERCOLANI (*Le Mouvement Médicale*, 1870) obtained great advantage from the employment of salicine in an epidemic of typhoid fever, and his results were confirmed by those of other practitioners. The remedial power of this drug appears to be its antizymotic qualities. Very recently M. Halmagrand has recommended the employment of salicine, combined with ferro-cyanide of potassium, as a remedy for intermittent fever, two grains of this salt being equal to one of quinine.

Dr. WILLEBRAND recommends iodine as a specific in typhoid; he dissolves six grains, and twelve of iodide of potassium, in one drachm of water, and gives three or four drops of this solution in a wine-glassful of water every two hours. It is said that, even after one, two, or three days of this treatment, there is a decided remission of the temperature; sordes do not come on the gums, or they disappear early; and the fever ceases in an unusually short time.

Dr. E. SCHOLZ (*Deutsches Archiv. f. Klin. Med.* ix.), since the year 1868, when he introduced the cold-water treatment of typhoid fever into the Bremen Hospital, has treated 125 patients—82 men and 43 females—the majority of whom were aged between 15 and 30 years. Of these cases, five, or about four per cent., terminated fatally. The temperature of the cold baths into which the patients were immersed varied from 8° to 16° R., according to the season of the year, and according as the medium temperature of the patient's body throughout the day exceeded or fell short of 39° C. In severe cases, in addition to the cold bath, cold applications were made to the chest and over the abdomen. The leading circumstance which, according to Dr. Scholz, contra-indicates the employment

of cold baths, is the occurrence in any case of intestinal hæmorrhage, because of the necessity of the patient being then kept in perfect quietude; but even in such cases the application alone of ice to the abdomen will be found beneficial, and may be continued until the debilitating effects from the loss of blood are recovered from. It may also be remarked that the cold bath is inadmissible in those rare cases where the fever attacks individuals of broken down constitutions, drunkards especially, and the temperature of whose bodies continues depressed, seldom rising to 39° C. Dr. Scholz relates a case of this kind, in a girl 19 years old, who was destroyed by the cold bath. She was affected with emphysema of the lungs. The statements of Dr. Scholz as to the beneficial soothing influence of the cold-water treatment in typhoid fever, upon the functional nervous centres, and upon the digestive and cutaneous systems, are fully borne out by the history of the cases that were subjected to it. It is said by Dr. Scholz, that of five cases attended with intestinal hæmorrhage in which the remedy employed was the liq. ferri sesquisulph., only one terminated fatally. In some severe cases of the fever, occurring mostly in delicate females, on the eighth or tenth day of convalescence there was experienced severe dental hyperæsthesia.

Dr. F. RIEGEL (*Deutsche Archiv. f. Klin. Med.* ix. 1871) states that the cold-water treatment of abdominal typhus was marked by considerable mildness. The temperature of the 'half baths' which were employed, was 20° R.; hence the patients were enabled to remain in them for ten minutes at a time, without experiencing any especial inconvenience. They would often, as they lay in them, take a shower-bath of cold water. These baths were continued until a temperature of 39.5° was attained. In the intervals between the baths, cold compresses were applied over the abdomen. These were found to be preferable to bladders filled with ice; the latter, from the

powerful impression they made, caused immediately an extreme contraction of the peripheral blood-vessels, so that the cooling effect caused by the diminished circulation at the surface of the body was, it is probable, productive of injury rather than of good. Of one hundred and fifty-six typhoid patients treated during the years 1870-71, in the hospital—including only the well-marked severe cases—only seven proved fatal; while in former years, before the adoption of the cold-water treatment, in the same hospital, the mortality among the typhoid cases reached twenty per cent. It was observed by Jurgensen and Hagenback, so also by Dr. Riegel, that in his typhoid patients very often there occurred a severe burning pain in the soles of the feet, so that there appeared to be a connection between this symptom and the cold-water treatment. Intestinal hæmorrhage was of less frequent occurrence than under the former expectant treatment. It is here, perhaps, that is shown the beneficial action of this mode of treatment.

Dr. STEPHEN SKINNER (*Practitioner*, Sept. 1873) has treated twenty cases of enteric fever with the sulpho-carbolate of sodium, and the result has been so satisfactory that he considers it justifies his confidence in the method. He generally commences with twenty grains every fourth hour, as a dose for an adult, gradually increased during the next few days to thirty grains. Children require much smaller doses. Where the diarrhœa has been excessive, he has combined small doses of Battly's liquor opii sedativus with each dose of the remedy, until the bowels have been quieted.

Typhus Fever.—Sir THOMAS WATSON (*Principles and Practice of Physic*, 5th edit. 2 vols. London, 1871) has no notion of emetics stopping continued fever, but when given early, especially if gastric disturbance be a prominent symptom, are sometimes followed by a marked abatement of many morbid sensations. Cold affusion is

not more effectual in cutting fever short than the treatment by emetics; and it has this great disadvantage, that it fatigues and alarms the patient: and, when the vital powers are naturally feeble, or are much depressed by the disease, the very shock of the affusion may be attended with injurious consequences. A modification of this—cold or tepid sponging—is, however, often of great use in abating the morbid heat and soothing the uneasy feelings of the patient. A large apartment should be selected for the sick person. Unless the weather be very hot, there should be a fire in the room; the air of the chamber should be kept fresh by having a window or door always open. All superfluous articles of furniture should be removed. Great diligence should be used in keeping the patient clean, by the requisite ablutions, and by frequently changing his sheets and his body linen; and these should be immersed at once in water, in which Condyl's fluid, or chloride of lime or of zinc, or carbolic acid, has been mixed; and all discharges from the sick person's body—and especially the alvine dejections in enteric fever—should be received into a vessel containing some disinfecting fluid, and carried instantly out of the room. All unnecessary intercourse should be forbidden. The nurses and other personal attendants should not be very young. The hair should be cut off, the head and shoulders should be somewhat raised, and then strips of linen, kept constantly wet with some cold lotion, should be constantly applied upon the forehead and scalp. If the cold application make the patient shivery or uneasy, it must be at once discontinued. In cases of intense headache, with flushed face, great heat of surface, delirium, and hard pulse, leeches should be applied to the temples, or behind the ears, or a few ounces of blood taken by means of cupping-glasses. In the outset of the disease, if the bowels have not been already purged by nature or by art, a couple of grains of calomel should be given, followed by a warm rhubarb draught. The

common saline draught will be refreshing to the patient. Toast-and-water, or barley-water in small quantities, may be taken as often as he wishes. As the disorder goes on, if the rose-coloured spots declare it to be of the typhoid species, the abdomen must be carefully investigated, and when tenderness is found a light poultice may be applied, preceded by a few leeches if very severe. Dover's powder, or some mild astringent, may be given to check the diarrhœa. If the fever prove to be typhus, and to exhibit a strong and early tendency to depression of the vital power, good beef-tea, milk, eggs, ammonia, ether, and wine, must be given. When the stress of the disorder falls upon the thorax, leeches or cupping-glasses may be applied, and in mild cases a blister or a mustard cataplasm. When nervous symptoms are prominent, particularly sleepless delirium and restlessness, opium should be given, or chloral may prove even more suitable. During convalescence the management of the patient is scarcely of less importance. Until the tongue is quite clean and moist, and of its natural colour, and the pulse has lost all its undue frequency, and the skin its excess of heat, the patient must be kept to baths, jellies, puddings, and farinaceous food.

Dr. MURCHISON (*The Continued Fevers of Great Britain*, pp. 729, 2nd edit. London, 1873) states that the objects to be arrived at are very similar to those referred to in discussing the treatment of typhoid fever. Fresh air, and plenty of it, is one of the most important conditions for the successful treatment of typhus. (See *Typhoid Fever*.)

Prof. MOSLER (*L'Union Médicale*, No. XC. 1868) has had recourse to cold baths, not only in the wards of his hospital, but also in private practice, and he has obtained by this method a number of brilliant successes. He combines with the cold bath the administration of quinine in large doses: this medicinal agent assists the febrifuge action of the cold water, when the latter plan of treatment

has not succeeded alone. The following is the manner of applying the cold-water treatment:—The patient is placed as far as the neck in a water-bath at a temperature of 14 degrees Reaumur, or of one or two degrees lower than this. When the temperature of the water is raised by the heat of the body, it is important to restore it to its original state, that is to 14 degrees. During the bath cold water should be poured over the head of the patient; this douche should not be warmer than the water in the bath, but sometimes even a little colder. This plan of treatment is to be carried out whenever the thermometer placed in the patient's axilla marks 39·5° Cent. The duration of the bath must be regulated according to the nature of the sensations of the patient, and should be suspended whenever complaints are made of intense cold. The ordinary duration is from ten to thirty minutes; the patient is then to be dried with great care, and placed in a well-warmed bed. It is a good plan to administer to the patient after the bath some strong red wine.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) recommends an emetic if the case is seen at an early period. The bowels should be kept open daily by a mild aperient, or simple enemata. To keep up free elimination plenty of drink containing citrate of potash, nitre, cream of tartar, or chlorate of potash, from ʒj to ʒij of either of these in the twenty-four hours. Tea, coffee, and salt, are also given for this purpose. The mineral acids may be made into a drink, or given in 10, 20, or 30 minim doses every three or four hours. Sulphuric acid answers best when typhoid symptoms come on. Quinine, combined with acids, is another valuable remedy. Tincture of iron is also highly spoken of. Antiseptics are not to be relied upon. The symptomatic treatment requires considerable attention. For heat of skin, tepid or cold sponging. Headache is best relieved by removing the hair and applying cold; in the aged and feeble warm

applications are best. Dry cupping is sometimes useful. Opium should be given to procure sleep, combined with tartar emetic when much delirium exists; or if the delirium is of low type, it may be given with alcoholic stimulants, ether, or camphor. Where opium is contra-indicated, belladonna, henbane, chloral, and chloroform, are the remedies recommended. Stupor is to be counteracted by applying external stimulants and giving diffusible stimulants internally. Coffee and cold-douching are valuable under these circumstances. When there is very great prostration, sulphuric or chloric ether, musk, or carbonate of ammonia, along with alcohol, must be given. When the patients get so low that they cannot swallow, recourse must be had to nutrient and stimulant enemata. Attention must be paid to the bladder, and care taken to prevent pulmonary complications and bed-sores. During convalescence all over-exertion, as well as excessive eating, must be avoided. Tonics and change of air are very beneficial.

Dr. SCHOLZ (*Rundschau*, June 1872) states that since 1868, 125 cases of abdominal typhus have been hydro-pathically treated in the Bremen Infirmary, of which 82 were men and the remainder females. The mortality was scarcely four per cent. The plan adopted was immersion in water, at a temperature of from 10° to 20° Cent. (50° to 68° Fahr.). The temperature was taken every three hours, or, in bad cases, every two hours; in the axilla a temperature of 39° Cent. (102° Fahr.) was considered as an indication for a bath. When immersed, the patient either moved himself or was lightly rubbed. The duration of the bath was from ten to fifteen minutes, or, in many cases, not more than five or six minutes. He was placed in bed without being dried, and was covered with a woollen coverlet. When the brain was much affected, cold douches were directed against the head whilst the patient was in the bath, and ice-caps were occasionally used. Cloths dipped in cold water were placed, at inter-

vals of a quarter or half-an-hour, upon the chest and belly. These appeared to exert a favourable influence upon the diarrhœa, and were felt to be agreeable to the patient. Scarcely any drugs were administered. The diet was light, but nutritive. In very severe cases, where there is no material augmentation of the animal heat, Dr. Scholz does not think it right to use the baths, but brings the skin into action by powerful thermic and mechanical irritation (frictions). In four per cent. of the cases, intestinal hæmorrhage occurred, for which full doses of the perchloride of iron were administered. Dr. Scholz distinguishes two periods in the treatment of the disease—in the first, or early period, the patient must not be bathed at night, and not more than five times during the day; whilst, in the second or later period, the number of baths may be sufficient to keep down the temperature of the body to near its normal degree.

Urine, Nocturnal Incontinence of.—Dr. J. BURNEY YEO (*Lancet*, Oct. 22, 1870) speaks highly of belladonna in five or ten-minim doses, with ten drops of the tincture of the perchloride of iron three times a day. He concludes that the efficacy of belladonna in relieving nocturnal incontinence of urine is owing to its influence in giving tone to the weaker sphincter vesicæ. This observation is in harmony with the statements as to the action of this drug as an aperient, by promoting the peristaltic contractions of the involuntary muscular fibres of the intestinal canal.

Sir DOMINIC CORRIGAN (*Dublin Quarterly Journal of Medical Science*, Feb. 1870) recommends sealing up the prepuce at night with collodion.

Dr. BRADBURY (*British Medical Journal*, Feb. 4, 1871) has found chloral useful.

Dr. BARCLAY (*Medical Times and Gazette*, Dec. 17, 1870) prescribes iodide of iron.

Dr. HARTSHORNE (*Essentials of Practical Medicine*,

3rd edit. pp. 587, Philadelphia, 1871) says withholding fluids for some hours before bed-time, unless in very small quantities, and taking the child up to urinate after two or three hours of sleep, will generally prevent enuresis.

Dr. CONDIE (*Diseases of Children*, 6th edit. Philadelphia, 1868) has seldom seen a case of nocturnal incontinence of urine without its being accompanied by more or less derangement of the digestive organs, and has very generally found that when this is removed the involuntary discharge of urine ceases.

Dr. GRISWOLD (*Trans. Penn. State Medical Society*, 1859) has long been in the habit of employing belladonna. In several cases in which this drug seemed to produce no effect the first week or two, a cure was effected by continuing it for several weeks.

Urine, Retention of.—Most authorities recommend the warm hip-bath, cloths wrung out of hot water applied to the perineum and over the pubes. Leeches to the perineum when there is local tenderness. Laudanum enemata and opium or belladonna suppositories will sometimes relieve when other measures fail.

Dr. G. B. WOOD (*Treatise on the Practice of Medicine*, 2 vols. 3 edit. Philadelphia, 1868), in vesical retention, when proceeding from inflammation at the neck of the bladder, advises bleeding, leeching, saline cathartics, antimonials, emollient cataplasms, and the warm bath. The catheter should only be resorted to when rendered absolutely necessary in order to relieve very painful or dangerous distension. When spasm is the cause of the retention, an anodyne enema, or the inhalation of chloroform ether, are recommended.

Urine, Suppression of.—Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) says when suppression does not depend on any morbid condition of the blood, and is primary, the patient should be placed in a warm bath and be purged by substances that act on the

kidney, as the neutral salts. If this method should not succeed, m.x to m.xxx of the tinct. cantharides should be tried every four or six hours. Belladonna is also a useful remedy, and so also is digitalis applied as a fomentation of the fresh leaves over the abdomen; or an ounce of the tincture may be added to a warm linseed poultice; or the dried leaves may be made into a poultice, to which half an ounce of the tincture may be added.

Dr. WILLIAM ROBERTS (*Urinary Dissases*, 2nd edit. London, 1872) says his own impression is in favour of mechanical means, viz. kneading and shampooing the renal region and the course of the ureter, in those cases which are due to impaction of a stone in the ureter. Where the impaction takes place near the bladder, succussion of the body and various changes of posture might be tried. The patient should be directed to support himself from time to time on his knees, with the upper half of the body depressed, and the sacrum might be repeatedly struck with the fist. The force of gravity would thus be brought in aid to coax the obstacle back toward the kidney. Or walking the patient between two assistants up and down stairs and about the room might be practised in the earlier periods of the case, with the object of facilitating the descent of the calculus into the bladder.

Dr. G. B. WOOD (*Treatise on the Practice of Medicine*, 2 vols. 3rd edit. Philadelphia, 1868) advises bleeding from the arm as freely as the strength will permit; cups from the small of the back; brisk purgation by jalap and cream of tartar, senna and Epsom salts, with a little elaterium, or other cathartic combinations, having a tendency to act as well on the kidneys as on the bowels, followed by vigorous diuretics, viz. the bitartrate of potash, an ounce or two in divided doses during the day. At the same time digitalis, squill, nitre, may be given. Emetics, the warm bath, vapour-bath, or hot air-bath and Dover's powder, are also recommended. While these measures are going on,

the patient should be allowed to drink mucilaginous liquids rendered diuretic by juniper, wild carrot, spirit of nitric ether, and the like. Should the urine be scanty, high-coloured, and loaded with lithic acid, bicarbonate of soda, two or three drachms in twenty-four hours, dissolved in a large proportion of carbonic acid water, will be found efficacious. The diet in acute cases should consist of vegetable food exclusively.

Urticaria.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. pp. 931, London, 1867) recommends for febrile urticaria a purgative at first, and the subsequent administration of effervescent salines, combined with ammonia and hydrocyanic acid. When the feverishness has subdued and the secretions are natural, we may then have recourse to bitters, with the mineral acids; and chalybeates, either alone or with quinine. In urticaria abengistis an emetic should be given—zinc or ipecacuanha. Chronic urticaria is to be treated by the restoration of the general health—the mineral acids with a bitter; cinchona with sulphuric acid, and quinine with iron, will be found of great service; arsenic in very chronic cases. *Local treatment*: sponging with hot water; ablution with the juniper-tar or carbolic-acid soap; a lotion of emulsion of bitter almonds with hydrocyanic acid; a lotion of bitter almonds with spirits of wine and bichloride of mercury; sponging with hot vinegar; a lotion of carbonate of ammonia. The tepid bath affords almost instantaneous relief.

Dr. H. S. PURDON (*Dublin Journal of Medical Science*, Oct. 1872) mainly relies on colchicum, followed by hypophosphite of soda.

Dr. A. M. LYLES (*American Practitioner*, May 1871) has found that ten drops of nitro-muriatic acid in a wine-glassful of water, one hour before eating, is an almost unfailing remedy for urticaria.

Dr. TILBURY FOX (*Skin Diseases*, 3rd edit. pp. 532,

London, 1873), in simple cases, prescribes saline aperients, and effervescent with milk diet; he debars the patient the use of stimulants, and gives alkalies largely diluted; and alkaline baths with half a pound of carbonate of soda in an ordinary hip-bath twice a-day; lotions of bichloride of mercury or cyanide of potassium. If the patient be gouty, colchicum should be given with salines; when fever runs high, acetate of potash, with digitalis, and even potassium-tartrate of antimony. In urticaria caused by dietetic errors, an emetic (zinc or ipecacuanha) should be given, followed by a saline purge, and subsequently a mixture of carbonate of ammonia, prussic acid, and infusion of cascarilla. In chronic urticaria, where it appears that the functions of the body generally are properly performed, bromide of ammonium, or if the disease be periodic, quinine is useful; aconite and arsenic may also be tried. Sometimes it is necessary to alter the whole habits of the individual, with a view to restoring the tone which he has lost. All rich, stimulating food, sugar, salt meat, seasoned dishes, beer and wines, should be avoided. Local treatment can but be palliative. In chronic urticaria vapour-baths may be used freely, taking care to apply oil or calamine lotion on the patient coming out of the bath.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends emetics and purgatives in the first instance; afterwards the correction of faulty digestion. The surface may be dusted with flour; or the following lotion may be used:—℞ ammon. carb. ʒj, plumb. acet. ʒij, aq. rosa. ʒviij. In the chronic form especially associated with uterine irritation or ovarian tumours, Dr. Aitken has found bromide of potassium (ten grains twice daily, doubled at bed-time) of much benefit. Quinine is also useful in many cases, combined with rhubarb and carbonate of ammonia.

Mr. GEORGE NAYLER (*Diseases of the Skin*, pp. 292, London, 1869) prescribes an emetic of sulphate of zinc when the eruption is due to some derangement of the

stomach, to be followed by an antacid aperient, composed of the carbonate of magnesia, soda, and from five to ten minims of colchicum wine. Locally, a lotion of the bicarbonate of potash largely diluted.

Mr. MELDON (*Diseases of the Skin*, pp. 270, London, 1872) has found a lotion of ammonia, or one containing hydrocyanic acid and potash, always cure urticaria when direct local irritation is the cause. Vinegar or lemon-juice taken abundantly with, or immediately after, the particular article of food which experience has taught to be likely to produce an attack, checks or prevents it.

Varicella.—Mr. ERASMUS WILSON (*Diseases of the Skin*, 6th edit. London, 1867) says, the simplest antiphlogistic treatment, in respect of tranquillity, diet, and medicine, is all that is necessary. Locally, for the pruritus, he recommends sponging with a tepid solution of carbolic acid (gr.xl ad ʒxvi), or dusting the surface with calamine powder, fullers'-earth powder, oxide of zinc with starch, or starch powder alone. The benzoated ointment of oxide of zinc with or without spirit of wine is a valuable agent for producing a coating over any abrasion. If any debility appear at the termination of the eruption, Mr. Wilson has recourse to bitters with nitro-muriatic acid, quinine, or chalybeates, such as the syrup of the phosphate of iron.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) recommends abstinence from animal food, recourse to a milk diet, and careful attention to the bowels. The patient should be kept cool by light coverings, and repose on a mattress rather than on a feather bed.

Dr. NIEMEYER (*Text Book of Practical Medicine*, 2 vols. 8th edit. London, 1873) says treatment is scarcely necessary; nevertheless it is advisable to protect the patients from all injurious influences while the affection lasts, to keep them in their chamber, and to regulate the diet.

Dr. LIVEING (*Treatment of Skin Diseases*, pp. 104, London, 1871) prescribes a little saline medicine, and touches the pimples, as they appear on the face, with collodion.

Dr. ELLIS (*Diseases of the Skin*, 2 edit. pp. 330, London, 1873) says, gentle saline aperients, avoidance of exposure to cold, and a warm bath towards the close of the affection, are the principal points to be attended to.

Vertigo.—Dr. RAMSKILL (*Reynold's System of Medicine*, vol. ii.) treats vertigo, if from gastric causes, with alkaline purgatives, followed by a course of strychnia; 'essential vertigo' he finds most benefited by iron and strychnia, alternated with tincture of larch and digitalis. He attributes, in fact, the former to weakness of stomach, and the latter to atrophy of the heart.

Wakefulness.—Dr. WILLIAM A. HAMMOND (*Boston Medical Journal*, Sept. 7, 1871) recommends twelve grains of phosphorus to be boiled in one ounce of almond-oil, and filtered. Half of this to be mixed with an ounce and a half of gum arabic, adding fifteen drops of some aromatic oil. Of this mixture the dose is fifteen drops, containing one twenty-fourth of a grain of phosphorus. Three doses are given before bedtime, sleep being generally produced on the second day, if not on the first. The dose may be increased a drop daily until twenty drops are taken, or signs of gastric irritation supervene.

Yellow Fever.—Dr. CHARLES BELOT (*British and Foreign Medico-Chirurgical Review*, April 1868) deprecates general blood-letting; he advises local depletion, and thinks cupping preferable to leeches; for instance, eight glasses to the nape of the neck, ten to the loins, and eight on the abdomen. At the same time he uses strong mustard foot-baths every two hours, and sinapisms to the calves. As a great aid in lessening the plasticity of the blood and relieving local congestions, he gives the tinct. aconite in doses of six drops every hour, and says the pulse

drops and diminishes in frequency, as do also the heat of skin and perspiration. If the attack begins with vomiting, an emetic of thirty grains of ipecac. in four ounces of warm water should be given, and the nausea should be kept up so as to produce diaphoresis, as well as merely to empty the stomach; but if the tongue be clean and the epigastric pain severe, emetics are bad. A few hours after the action of the emetic, there is generally some accumulation, and then is the time to give a purgative of castor-oil or sulphate of magnesia. Continuous headache is best treated by flying blisters to the nape of the neck, and applications of camphorated spirit and belladonna to the forehead. For the gastric oppression the same application is useful, combined with a very small dose of nux vomica internally; and, if the nausea comes on, bicarbonate of soda alternated with the nux vomica is of service. In the acute and severe cases, any treatment is too often useless; but in the more ordinary it is better to begin with an emetic, a gentle purge, and diaphoretics; particularly Dover's powder; and when the remission occurs, to give quinine in *a single dose of thirty-six grains* in a little strong coffee. When febrile symptoms prevail, and rigors are absent, quinine is not applicable, and the author gives calomel, in small doses, every half-hour, till the usual effects are produced, and this method is, he says, efficacious. Hiccough is to be stopped (?) by pressing on the phrenic nerve near the hyoid bone. Tannin, or perchloride of iron, is good for the hæmorrhages which often occur either from the mouth, nose, stomach, or bowels. Inflammation of the parotid gland frequently follows on these hæmorrhages, and is a good sign for recovery.

Dr. PEYRE PORCHER'S (*Transactions of the South Carolina Medical Association*, 1872) chief points may be thus summed up:—1. The absolute necessity of its early inception. 2. The employment of a large mercurial purge, followed by a saline cathartic—thus emptying the

bowels, and disgorging the liver and the glandular apparatus. 3. Simultaneously, and from the very beginning, using revulsives to the surface of the abdomen, hot stimulating baths to the lower extremities—with the assiduous and protracted application of ice-cold water to the head, hands, and arms *as long as there is a continuance of abnormal heat*. 4. All purgatives, all active depressing agents, must now be discontinued absolutely, and give place to a mild alkaline diuretic and diaphoretic, containing morphia. Cold sponging, and the use of sinapisms, and hot mustard pedeluvia, are to be continued so long as headache, morbid heat of surface, with high thermometric range, indicate the existence or progress of combustion and destructive tissue metamorphosis—*fever*, in other words. Then, too, the recuperative powers of nature are to be trusted to, aided, if need be, by mild tonics, moderate stimulants, and nourishing diet.

Dr. LA ROCHE (*Yellow Fever*, pp. 404, Philadelphia, 1866) treats the urgent symptoms as they present themselves, leaving the rest to the reparative powers of the system.

Dr. G. B. WOOD (*Treatise on the Practice of Medicine*, 2 vols. 3rd edit. Philadelphia, 1868) begins with an emetic of ipecacuanha, in cases in which there may be reason to suspect a loaded state of the stomach. The lancet should be resorted to only when the pulse is tense and strong; in the great majority of cases it will not be necessary to bleed at all. A mercurial cathartic—from two to twenty grains of calomel, followed by sulphate of magnesia—is almost always indicated. In some cases castor-oil may be substituted. Should the stomach be too irritable to retain a cathartic, purgative enemata should be substituted. After the bowels have been thoroughly evacuated, they should be kept open, during the remainder of the complaint, by moderate doses of saline cathartics, magnesia, seidlitz

powders, or enemata. Rhubarb and magnesia are adapted to the advanced stages; the former for its tonic, the latter its antacid property. In order to diminish the heat and compose the restlessness of the patient, the external application of cold water, by sponging or by affusion, is recommended. Where the constitution is feeble, and the grade of excitement lower, warm water would be preferable. Should the state of the system be positively asthenic, spirit may be substituted for water as a lotion, and the hot-vapour bath for the warm or cold bath. During the fever, effervescing refrigerant diaphoretics should be employed, and when the pulse is very frequent and rather feeble, Dover's powder may be used advantageously, if not contra-indicated by cerebral disease. Cold water, ice, and iced carbonic-acid, are all very grateful, and useful in allaying gastric irritation; but care must be taken not to allow so large a quantity of ice to enter the stomach undissolved as to endanger material depression. Attention must be paid to the head; leeches or cups may be applied to the temples or nape of the neck, the hair cut short, ice placed on the head, and stimulating pedeluvia employed as revulsives. When the fever begins to decline, and the second stage commences, febrifuge and depleting remedies must be abandoned; and, unless symptoms of convalescence are obvious, without suspending the mercurial treatment, measures should be employed for counteracting the inflammation of the stomach, and supporting the strength of the patient. For the former Dr. Wood knows nothing better than the acetate of lead—one or two grains every hour or two, and continued until from thirty to forty grains have been taken; the astringent properties of this remedy may render it useful in preventing the black vomit, which is now admitted to be a sort of hæmorrhage. But the case should not be trusted to lead alone; blisters should be applied to the epigastrium. Powdered acetate of morphia sprinkled upon the blistered surface,

over the pit of the stomach, will sometimes be useful in allaying gastric irritability. The strength must be sustained by mild nutriment, farinaceous drinks, and weak animal broths, or a little milk and water. Should the system show signs of sinking, it will be necessary to employ tonics and stimulants, with a nutritive diet. In the secondary fever, the treatment must be conducted upon general principles. In cases of a low form at the beginning, it will be necessary to use the means which are recommended in the last stages of ordinary cases. Throughout the treatment especial attention should be paid to the thorough ventilation of the apartment, and to personal cleanliness.

Dr. AITKEN (*Science and Practice of Medicine*, 6th edit. 2 vols. London, 1872) thinks quinine may be of use, if the system can be brought under its influence, in cases where the fever is of the periodic or paludal form, and not the continuous or true yellow fever. It is an object to keep the bowels freely open, and to get the skin to act freely. Frequent copious enemata of a pint and a half of warm water in which a tablespoonful of common salt has been dissolved, and to which has been added a tablespoonful of olive-oil, or more stimulating enemata, such as turpentine, deserve a full and careful trial. Gum-water and ice should be given internally, and when the heat of surface is ardent a wet sheet or blanket may be used for the reduction of temperature. The food should be of the blandest description—chicken, tea, arrowroot, sago, and barley-water, in minute quantities. Lime-water, chloroform, or chlorodyne, may be given to allay vomiting. Opium *should not be given* when there is suppression or tendency to suppression of urine. Restlessness and sleeplessness are best met by chlorodyne. The congestion of the kidneys, about the fourth or fifth day, requires watching, so as to diminish the chances of suppression; for this purpose cupping, either dry or with

the abstraction of blood, the use of frictions with stimulating liniments over the loins, together with warm baths or hot-air baths, small doses of acetate of ammonia with potash or soda, with diaphoretics, deserve a full trial, and may prove beneficial.

Dr. F. T. ROBERTS (*Handbook of Medicine*, pp. 1043, London, 1873) recommends attention to all hygienic measures. At the outset hot drinks, emetics, purgatives, saline drinks, and warm foot-baths. Large doses of calomel or quinine are injurious. Copious enemata containing turpentine are useful. The skin should be sponged, or the wet sheet may be used. Liquid food should be given in small quantities, with cool drinks, ice, &c. Alcoholic stimulants, well diluted, are valuable. Champagne is very beneficial. For the vomiting, lime-water and milk, hydrocyanic acid, creosote, chlorodyne, and chloroform, are recommended. Great care must be exercised in giving opium or morphia, especially if there is any tendency to suppression of urine. Chlorodyne is suggested as a substitute to procure sleep, relieve pain, &c.; hot applications, mustard poultices externally, to give ease. During convalescence quinine may be given.

Dr. H. R. FROST (*Charleston Medical Journal and Review*, vol. viii.) has found the chlorate of potash an excellent remedy in the febrile stage of the disease. After having freely evacuated the bowels, he gives the chlorate in the quantity of three or four drachms in divided doses during the twenty-four hours, employing at the same time, when necessary, leeches to the temples and iced-water to the head.





